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EDITORIAL COMMENT



IS SPECIALIZING JUSTIFIABLE?

IN the *New York Medical Record* of February 20 appeared an editorial which has given rise to much one-sided newspaper criticism. Under the title, "The Rights and Duties of a Trained Nurse," it reads as follows:

"The feeling is universal that the moral plane and professional ideals of the trained nurse are similar to those of the physician. Doubts of the correctness of this conception, however, might be occasioned not infrequently by the experience of physicians in this city at the present day when they have occasion to seek the services of trained nurses from some of the more important registries. The physician who asks for a nurse is frequently obliged to undergo a cross-examination as to the circumstances of his case before one can be secured. The majority of nurses in the registries connected with the large training schools of this city are on record as being unwilling to accept employment in cases which do not come up to their requirements. For instance, Miss A. is registered against night work; Miss B. against contagious cases; Miss X. against patients where there are children in the family; Miss Y. against nervous diseases. An appeal came recently from a physician in a neighboring town to send a trained nurse to care for his very sick child. The request was refused at two of the registries in this city connected with the large training schools, although at one of them at least there was a long list of unemployed nurses. The reason given for refusal was that the nurses did not wish to leave the city just before Christmas.

"It may be said with some justice that the law of supply and demand should apply in the case of the services of trained nurses as well as of those of clerks or laborers or of the sale of commodities in general, but

among the nursing profession itself there will be a majority to repudiate indignantly the applicability of such a law to their case. They assert and believe that the trained nurse's duty is first of all to be of service in the world of suffering, and secondly to consult her own convenience. At a recent meeting of trained nurses, graduates and students, speeches by training-school superintendents and other women high in the councils of the profession showed the prevailing sentiment to be that the time was past for them to solicit favors from the medical profession. The two professions should meet on an equal basis and confer for their mutual benefit. On the same occasion, however, one woman, a teacher of nurses and of nursing, appealed with single-hearted earnestness to student nurses to keep in mind this thought: not how much they could get out of the profession of nursing the sick, but rather how much they could put into it. To give the best of themselves, with the simple old-fashioned idea of making the world a little better. What a contrast!

→ "At a large hostelry in this city used by graduate nurses exclusively, there has been a dearth of work and some real privation for many months past. Yet perforce must the physician often go to graduates of rural training schools, undergraduates, and untrained nurses, while scores of our most highly trained nurses remain idle. It would seem to the physician that they refuse his cases at times on unwarranted or trifling grounds. It might be well would physicians make their feeling upon this matter known to nurses generally, with the possible result that the best equipped women among the latter may not be led away from the high ideals of their profession even at the risk of occasional personal inconvenience."

We feel that this is not an unreasonable criticism, but from the point of view of the medical profession and the public is justifiable. We are fully in accord with the suggestion that the moral plane and professional ideals of the trained nurse are similar to those of the physician. We know that many nurses do pick and choose their cases in just the manner described, and that too often their refusal to respond to calls is selfish and inexcusable.

We do not know to what meeting the writer refers, but we heartily believe that the time has passed when nurses should solicit favors from physicians, but that the time has come when the two professions should meet on an equal basis and confer for their mutual benefit on all questions which do not pertain to the treatment of the patient, the nurse's relation to the physician remaining unaltered in this respect. This idea does not in any way conflict with the sentiment expressed by the teacher of nurses referred to, that nurses should keep in mind not how much they

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could get out of nursing, but how much they could put into it. Every conscientious woman in the profession believes this sentiment to be the very foundation principle of a nurse's work.

First, as to the woman who specializes: as the years go on, it comes naturally to many successful nurses to drift into the kind of work that they do best or are most successful in. For instance, the nurse who takes obstetrical cases cannot do general nursing, because she has to make fixed engagements. She should not do either contagious or surgical nursing of some kinds, the reasons being obvious. Some women are interested in children and are successful in caring for them when sick; others make a bungle of that kind of work, because they haven't the temperament for it. So we might go on through the list, but, in spite of such exceptions, there is the question of the obligation to the public which nurses are, morally at least, pledged to meet. The great rank and file of our nurses do not specialize, but simply throw out certain kinds of cases that are not agreeable, and in this we think they are to be condemned.

The general practitioner is supposed to take everything that comes; the general nurse should, with limitations, do the same. There is the question of her closer contact with the patient that makes certain greater precautions in her case necessary, but such circumstances do not arise frequently enough to give rise to the feeling of dissatisfaction that prevails among many physicians.

On the other hand, we have physicians who specialize, who do not go out at night, who do not treat servants, even in the homes of their rich patrons, who do not practice in the slums, who refuse to treat any poor patient in their offices, until assured that the fee is forthcoming. Human nature is the same the world over. The selfish commercial woman who thinks first of herself, and last of others, is to be found in all the walks of life, and is not alone in the ranks of nurses. Of the hundreds of thousands of splendid men and women—doctors and nurses—who devote their lives to the alleviation of suffering, we hear very little, but of the few scores who make the sufferings of humanity their means of gaining a livelihood, we hear much.

We are of the opinion that properly organized central directories would tend to obviate some of the unsatisfactory conditions, and loyalty on the part of medical men to the women who are striving to bring nurses to a higher sense of their professional obligations, through education and state registration, would hasten the day when nurses of the selfish mercenary type would be as much under control as the laws of society permit.

INSTRUCTIONS TO DELEGATES

REORGANIZATION

THERE are a number of matters to come before the meeting at Minneapolis about which delegates will need to be clearly instructed by their associations. The first of these in importance is the question of reorganization, for which we gave a suggested outline in the December magazine. This plan means the merging of the two national societies, by which time, money, and the duplication of the work of officers would be saved. A general secretary could be employed, our forces more strongly consolidated, a larger attendance assured, which would make for better railroad rates, and there would be a broader diffusion of interest and a more valuable program.

The letters that have appeared from a number of our most influential women indicate that the idea is being received favorably. Briefly stated, the question is, Shall the two societies remain as they are, acting and working separately, coming together once in three years for a joint meeting, or shall a committee from each society be appointed to submit plans in 1910 for merging the two associations? This is a matter that should not be decided hastily, but well discussed, and referred back to the associations before formal action is taken. An official request for the instruction of delegates on the subject, from the president of the Associated Alumnae, Miss Damer, is found on another page.

THE SUFFRAGE

We understand that the question of the suffrage is again to come before the members at Minneapolis. This subject has been brought before the nurses of the country in a way that has given rise to much controversy, and has shown that great diversity of opinion exists; delegates should, therefore, be definitely instructed by their associations how to vote, in anticipation of the question again being brought forward.

CANDIDATES FOR OFFICE

In adopting the present plan of making up the ticket for the nomination of officers, it is expected that delegates shall be instructed, by the associations sending them, for whom to vote, and that they will adhere to such instructions unless granted the privilege of change by formal action of their associations. Otherwise the amount of time and labor involved in this method of nomination is wasted, and the delegate fails to honestly represent her association.

In compliance with a request which came to us after the convention

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last year, we have given in the official department a list of the candidates for office in the Associated Alumnae, with comments showing from what part of the country these women come, or what offices they have previously held. This is done for the convenience of associations in instructing their delegates for whom to vote.

Of course many questions come up at every meeting about which the delegates must use their own judgment, but even so what would best meet the wishes of their home associations should be kept constantly in mind.

Members, in consenting to act as delegates, must bear in mind that the office carries with it an obligation to attend the meetings and make a detailed report of the proceedings, both official and social, to the home members.

A NEW DEPARTURE

At St. Mary's Hospital, Brooklyn, N. Y., a change has been made in the established order of things, which appeals to us as being very sensible and worthy of being adopted universally. An address to the newly organized class was given by the visiting surgeon, Dr. Onslow Allen Gordon, in which, after reviewing briefly the history of nursing, with interesting reference to Florence Nightingale and Dorothea Dix, he explained to the members of the class their place in the hospital, giving the probationers practical advice by which they might profit during their entire period of training.

We quote a few paragraphs, and only regret that lack of space prevents our giving the address in full.

"It is doubtful if there is a more trying position in the hospital than that occupied by your superintendent; and I am going to ask you to bear that fact in mind all through your student days. She is responsible to the hospital authorities, the physicians and to the public. You can do much to lighten her burden, and I know it is not necessary to go into details as to how that can be done. All who show a desire to improve their opportunity and render service of the character required of the conscientious student, will meet with her hearty co-operation.

"No great institution can be run without certain fixed rules, which are made for the many and not for the individual. Certain restrictions and deprivations are essential to harmonious work. By bearing this fact in mind, your work will seem less arduous and your relations with all more agreeable.

"The saying that the doctor is born and not made, I believe holds good in regard to nurses; and you should bear in mind that lectures and practical training will not make of you good nurses, unless you have

entered the field with love for the work, with full realization of the responsibilities involved, and with a determination to improve every opportunity. It was Dr. Ill who once said: 'The best all-around nurse is the quick witted, conscientious and resourceful woman. No amount of training will supplant these good traits.' And I would add, that no amount of training will make a successful nurse of any one of you unless you train yourself. I mean by that, that you should train your mind, in order that you may grasp and profit by what you see and hear. Practice self-control; for a nurse who cannot control herself cannot hope to control her patient.

"I would not have you understand that the nurse is to be discouraged in all attempts at conversation, for there can be no doubt that, in moderation, it has a legitimate place with the convalescent patient. It was Dr. Van Dyke who said: 'Talkability is a virtue, and talkativeness, a vice. A talkative person is like an English sparrow, a bird that cannot sing, and will sing, and ought to be persuaded not to try to sing; but a talkable person has the gift that belongs to the wood thrush and the wren, the oriole and the white-throat and the mocking bird.' There is no place, however, in the field of nursing for the gossip or news-carrier. Some convalescing patients may be interested in having the doings of the operating room spread before them each day—the number of operations, the length of Mrs. Jones's appendix, the weight of Mrs. Smith's fibroid, who has died, and who is expected to die, how so-and-so suffered and finally died after an operation similar in character to one contemplated by the waiting patient, who the operators were, and all about their individual rating in the hospital—and many other things connected with the working of a hospital that should be considered a sacred trust. While some patients might seem interested for the time being, most would be disgusted, and all would ultimately agree that a nurse who was so newsy would be an undesirable person to enter the family. I cannot refrain from saying to you—'Learn to hold your tongue.'

"It is better for you to understand that suppuration in a wound is due to uncleanness, than to bother your heads about the name of the organism causing the disturbance. It is far better that you should understand that typhoid fever may be transmitted by carelessness in disposing of the excretions, and in the care of bed-pans, rectal tubes, dishes, etc., than to try to know all about the serum diagnoses of the disease. It is vastly more important that you should know that uncleanness, wrinkled sheets, and pressure from remaining too long in one position may be the causes of bed-sores, and that the reverse of these conditions will favor healing, than to go into the details of passive hyperæmia, exuberant and

fungous growth of ulcers. to arrest hemorrhage from a blood vessel, give a tourniquet to cause coagulation.

"Execute your patient's orders. Remember that the patient is tired and needs rest. Exercise of command of the patient. You should become atrophic in tact realizing all those who show courtesy show respect. Ship safely to the patient.

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fungous granulations, or the process of cell proliferation in the healing of ulcers. It is better that you should know where to apply a tourniquet to arrest hemorrhages, than to be able to name all the branches of a vessel, give their distribution, and describe the process of blood coagulation.

"Executive ability is a very good asset, but the ability to make your patient comfortable and contented is more to be desired. Remember that there are other methods, than giving of drugs, to relieve the tired and restless. The nurse who, from training, experience, and the exercise of common sense, is able to call into use the varied means at the command of the practical and resourceful, will always be in demand. You should see to it that the sympathetic side of your nature does not become atrophied. The sooner the nurse who is impatient and lacking in tact realizes that she has missed her calling, the better for her and all those who are unfortunate enough to require her services. Tact and courtesy should go hand in hand. They will enable you to guide your ship safely through rough waters into the peaceful and quiet harbor.

"There is one word that I would have written all over a hospital (I do not wish it understood that nurses are considered the only offenders). The word, that I deem of so much importance, is—Silence. Some people seem not to know that they are noisy—they bang doors, rattle dishes and window-shades, rustle papers, walk with a heavy tread, chatter and indulge in loud laughter—all of which has no place where there are sick, suffering, and dying people. Cultivate silence and your example will be followed by others."

A NURSE NOT A CONTRACT LABORER

PERIODICALLY, with changes of government officials, the question comes up and is thrashed out as to whether or not a Canadian pupil in an American training school is a contract laborer. After much learned discourse, the Secretary of Commerce and Labor at Washington has decided that she is a student, in spite of the fact that she receives some compensation in money during her training, and is to be placed in the same class with the students of the United States Military Academy at West Point, who also receive a certain allowance while studying.

This is an interesting comparison for the Secretary to have made, because in no other kind of schools are the pupils governed by such military precision as in schools for nurses. That such discipline develops soldierly qualities of courage and heroism is demonstrated repeatedly, as at the wreck of the *Republic*, and the earthquake disaster at Messina.

PAPERS ON HOUSEHOLD HYGIENE

If we are to believe the matrimonial statistics published in the *October JOURNAL*, and certainly our own marriage announcements confirm them, we know that each year great numbers of our readers are leaving the professional field to assume the duties and responsibilities as well as the pleasures of the home maker.

After years of hospital routine, if she had been an institution worker, or the hap-hazard life of a private nurse, if her lines have been in the path of private duty, she may find her new environment surprisingly embarrassing. It is one thing to be part of the complex machinery of a public or private establishment, but it is quite another matter to be the sole responsible domestic head of one's own home. We well remember our own sense of ignorance, when we ordered our first meal for two, after having for years calculated to a nicety the provisions for a hospital family of between three and four hundred. Our confusion was only equalled by that of our first day as a probationer in a big surgical ward.

Growing out of our own need, we have been giving Miss Hamman's papers on "Housekeeping for Two." Now we begin a series of papers by Miss McIsaac that aim to meet the needs of those contemplating housekeeping for the first time, whether as wives or just in spinster partnership.

These papers will run through the year and will cover the following heads: site, features of building, ventilation, heating, lighting, plumbing, sewage and garbage, furnishings, food, daily care of house, laundry work, causes and dissemination of disease, school children, quarantine and disinfection.

They will embody a threefold experience, that of a careful home training, long years as the executive head of a great training school, and finally the adjustment to that smaller home that we have been given a glimpse of in "A New Cranford."

NEW YORK STATE BOARD

We had expected in this issue of the *JOURNAL* to have published a paper on the progress and result of state registration in New York State, prepared specially for us at this time by Jane Elizabeth Hitchcock, secretary of the board of examiners. Miss Hitchcock has delayed sending her paper until she can include a report of the last examination, held the first week in February. A much larger number of candidates came forward than is usual at the mid-year examination, 237, the number usually being greater in June; this shows the increasing value in which the examinations are held by the schools.

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THE WASHINGTON BILL

THE Washington bill for state registration, which is printed on another page, passed the senate unanimously and has been signed by the governor. This is the seventeenth state to obtain a law and we congratulate the nurses of the state of Washington upon their successful legislation.

THE ADIRONDACK COTTAGE SANITARIUM

MADELINE SMITH, R.N., whose article on this topic appeared in the March JOURNAL, writes us that the nursing staff at the sanitarium has been increased by one, and the superintendent of nurses, Miss Bunce, now lives at the new medical pavilion. Miss Smith is in charge of the Infirmary.

A FILE OF JOURNALS FOR SALE

A COMPLETE file of the JOURNAL from February, 1902, until the present time, is offered by a subscriber, whose address will be given to any one wishing to procure these numbers.

THE PROFESSION OF NURSING *

By WALTER G. ELMER, M.D.

Philadelphia

IN looking back over the history of nursing as a profession, the first thought that occurs to us is the intimate, in fact, inseparable, association of nursing and hospitals, for it is in these institutions that our nurses must receive their education and training.

The first establishment of hospitals for the care of the sick and injured dates much earlier than the Christian era, for in India, Persia, and Arabia there were hospitals which were supported by their kings and rulers. In the earliest periods of Greek and Jewish history there were institutions for the reception of the sick, and Beth Saida, mentioned in the New Testament, was one of these. Plato refers to the Shelter Houses maintained by the Greeks in different parts of the country and supplied with attendants. The best institutions of the kind were in Rome and these were actually endowed.

Quite recently, ruins have been unearthed in the island of Cos in the Ægean Sea which give a very fair idea of these ancient Greek hospitals. It was here that Hippocrates studied and practised the art of healing more than four hundred years before Christ, and his writings come down to us as most valuable literature of ancient times. This hospital was most beautifully situated on a series of terraces, about two miles back from the sea, with mountains rising on two sides, and commanding a beautiful outlook over the hills, the plain, the waters, and the islands of the sea. It would even now be looked upon as the ideal hospital in regard to the arrangements of its buildings, the climate, and thermal baths, the open-air life and exercise which Hippocrates believed in so firmly for certain of the patients, or the quiet and seclusion for others.

One of the earliest recognized hospitals was in France, and the present Hôtel Dieu of Paris is said to have originated in the seventh century. Many hospitals were built during the Crusades and there then arose a special class of hospitalers or knights whose duty it was to take care of the sick; and there later followed the orders of the Sisters of Mercy and the Sisters of Charity and similar societies. In Italy, Paris, London, and Edinburgh the larger and more important hospitals

* An address to the graduating class of the Mercer Hospital in Trenton, New Jersey.

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later on became identified with universities and were utilized for medical teaching, and so St. Thomas's, St. Bartholomew's, and Guy's hospitals of London grew into prominence among the institutions of learning in the world.

The hospitals in the United States were founded on much the same plan as the English ones, and the oldest hospital in our own country is the Pennsylvania Hospital at Eighth and Spruce Streets, Philadelphia; this was founded in 1750 and Benjamin Franklin was the first clerk. The New York Hospital was the next, receiving its charter in 1771.

Since that time innumerable hospitals have sprung up in all parts of the United States, and now every city, town, and village has its perfectly appointed hospitals adapted to its needs; our large cities now have what are acknowledged to be the most handsomely and thoroughly equipped hospitals in the world. It is enough to merely mention such institutions as St. Luke's, the Mt. Sinai, Presbyterian, New York, and Bellevue in New York City; the Massachusetts General in Boston; the Pennsylvania Hospital in Philadelphia; and the Johns Hopkins Hospital in Baltimore. Philadelphia has in all about fifty-five hospitals.

All of these hospitals require a very complete working force of nurses, and the present efficient system of training nurses has been reached by a gradual process of growth and development from very early times. Reference has already been made to the hospitalers during the Crusades, these being assisted by various bodies of women in working among the sick.

In the latter part of the twelfth century Hildegarde, Abbess of Rupertsberg, which is near Bingen, organized a school of nurses for service in hospitals, and so we have the very beginning of our present training system.

It was Florence Nightingale who gave the greatest impetus toward the efficient training of nurses and the establishment of training schools. Born in Florence in 1820, she enjoyed all the advantages which fall to the lot of children of wealthy and refined parents. She grew up in the midst of the luxurious surroundings of her home in England, and very early showed an interest in the welfare of the poorer neighbors of her father's estates, and this led her to the careful and systematic study of the best means of relieving physical and moral distress. After investigating the working of English schools and hospitals, she continued her studies on the continent and in 1851 spent six months in a Protestant institution at Kaiserswerth on the Rhine. On returning to London she reorganized and substantially assisted the Governess's Sanatorium in Harley Street.

At this time much criticism arose in regard to the inefficiency and mismanagement of the English military hospitals in the Crimea and a plan was suggested for the formation of a band of lady superintendents and of nurses who should assume charge of the hospitals and the care of the wounded in the wards.

Miss Nightingale wrote to Lord Herbert, who was then Secretary of War, and offered her services. Her letter crossed one from Lord Herbert himself, asking her to undertake the organization and conduct of this body. She entered into this work with an enthusiasm and devotion which won for her the lasting love and gratitude of her country. Order and system took the place of confusion, suffering was relieved, lives were saved which would otherwise have been sacrificed, and Florence Nightingale earned the blessings of thousands of the sick and wounded. She had at one time ten thousand sick men under her charge. The death-rate at Scutari in February, 1855, was 42 per cent., or nearly half the men dying of disease; but after Florence Nightingale had reorganized the hospitals and adopted the best methods of sanitation and hygiene, it fell to only 2 per cent. Her enormous labors affected her health and she was herself prostrated with fever, but she refused to leave her post and remained at Scutari until Turkey was evacuated by the British in July, 1856.

The enthusiasm in England over Miss Nightingale's labors was so great that a man-of-war was ordered to bring her home, and London prepared to give her a triumphant reception; but she returned quietly in a French ship, crossed quickly to England, and sought the seclusion of her country home before her presence in England was known. Her health had been permanently affected and she was forced from that time on to lead a quiet life.

A fund of £50,000 was raised by the English people as a testimonial in recognition of her services, and this amount she at once gave to St. Thomas's Hospital, London, for the founding of the Nightingale Home for the training of nurses.

Miss Nightingale's influence upon the conduct of army hospitals and the care and management of the sick and wounded cannot be estimated, and it has extended throughout the world. According to her, nursing ought to signify the proper use of fresh air, light, warmth, cleanliness, quiet, and the selection and administration of the proper diet—all at the least expense of vital force to the patient.

The first class of nurses to be graduated in this country was in 1872, from the Bellevue Training School, New York. The custom of hospital training schools is now very generally followed throughout the country.

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During the past ten or fifteen years the course of study for the nurses in training has been lengthened. There are still hospitals in small towns which have a course of only one year, while in our larger cities the course is either two or three years, and almost all the larger and more important hospitals have adopted the three-year standard.

A good deal of discussion has arisen lately as to the proper length of time a nurse should stay in a hospital. It is contended by many very able physicians that two years is ample. It is said that nurses are overtaught and overtrained by being kept at the hospital three years—that they are burdened with large and numerous text-books of anatomy and physiology, materia medica, obstetrics, and the like, until they are educated almost to the point of physicians, and it would be far better if they would enter a woman's medical college at the outset; for as nurses they are taught many useless subjects, they are too crowded with their studies and nursing at the same time, and after graduation the nurse is so well satisfied with her own knowledge and ability in the care of a patient that she becomes less valuable as a nurse in following the directions of the attending physician. Such statements as these and many more of like character I believe to be entirely wrong.

Let us see how much we, as physicians, require of our nurses, and then inquire as to the best means of educating them up to this standard.

We expect a nurse to have an accurate and practical knowledge of anatomy and physiology, for time and again she must call upon her knowledge of these subjects in the nursing of her patients. She must be able to detect and record all the various changes which may occur in a patient's pulse, for example, not only count it accurately, but notice whether it is strong or weak, regular or irregular, intermittent, full, small, as the case may be. Then, too, there are certain peculiar kinds of pulse-wave, as the dicrotic pulse, in which there appears to be a double wave or two beats for each single beat of the heart. This is a symptom of considerable importance and should be reported to the attending physician at his next visit, for it must be remembered that the nurse has her patient under almost constant observation, while the physician makes occasional visits of perhaps not more than ten or fifteen minutes at a time, and certain important signs may develop in his absence which should be observed and recorded by the nurse.

Then, too, in regard to the breathing of a patient, there are certain characteristics to be noted, as Cheyne-Stokes breathing, a symptom of very serious import, and yet one which may be present only at times during the day or night.

If the nurse does not understand the normal physiology of the

important organs of the body, she cannot intelligently observe the changes and variations which occur in disease. Hence it is so important that she be carefully taught these things.

She should furthermore know the names of all the chief structures of the body and the exact positions of the various organs, for the directions of the physician for certain local treatment must often be carried out by the nurse herself, and in no way does a nurse so quickly display her ignorance as in her inability to correctly outline the various organs of the body.

She should understand the important features of digestion and be able to name the different kinds of food materials which go to make up a proper diet. She should know the manner in which the nervous system controls the working of our bodies—the importance of rest, sleep, exercise in the open air, and proper food. The methods of modifying milk for the feeding of young children according to the direction of the physician is an exceedingly essential feature.

In regard to the use of medicines the nurse should know the more important ones and their proper doses for both children and adults. I consider this absolutely necessary, for in hospitals the administration of the medicines is entrusted, of course, to the nurses, and no one but a nurse who has had this teaching should be expected to handle the medicines. I recall an instance in which an order was written on a patient's chart for a half ounce of the tincture of digitalis to be given every four hours. The nurse on reading the order knew that the infusion and not the tincture was intended, referred the matter to a head nurse and the mistake was corrected. On another occasion an order was written for a half ounce of liquor potassii arsenitis every four hours, where liquor potassii citratis was, of course, intended. The nurse recognized this, and the mistake was corrected. Here the nurse, had she been untaught, might have given lethal doses of these medicines without being aware of the consequences until too late. I recall an instance where a child got possession of and swallowed a tablet of the corrosive chloride of mercury. A trained nurse in the house went at once to the cellar for eggs and gave seven of them without the loss of a moment to the child. She undoubtedly saved his life.

In the department of surgery our nurses must be taught with the greatest care and thoroughness. Let us suppose that we are called to the house of one of our patients and conclude that an operation is necessary. It is an urgent case of appendicitis, perhaps, and we do not wish to risk either the delay or the moving of the patient to a hospital. We send for a nurse whose ability we know and in an hour's time we can

proceed with the preparation of the patient. If the nurse is not taught, however, the operation! And of our large room nurse follow each infection! nurse is of

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proceed with the operation with the confident feeling that every detail in the preparation of the patient, the instruments, the dressings, the surroundings of the operation, have been carefully and accurately carried out. If the nurse is unknown to us and perhaps has not been properly taught, how great a difference it makes to us in conducting the operation! And in the management and supervision of the operating rooms of our large hospitals, how much depends upon the skill of our operating-room nurse and her assistants, for here operations will sometimes follow each other in quick succession and there must be no carrying of infection from one patient to the next—and here the infallibility of the nurse is of the utmost consequence.

Our nurses should always be taught the proper care of their hands, for if they are assisting at operations they should understand that the hands should always be kept free from infecting material, for once in contact with certain kinds of virulent infectious organisms, the hands cannot again be resterilized, and hence the necessity of protecting them with sterile gutta-percha gloves. Only in this way can we be sure that the hands do not carry infection from a septic case to a clean one.

Now I contend that such teaching as I have set forth cannot be crowded into a short space of time, for if an effort is made to do this the nurse becomes confused, overworked and discouraged. Experience has taught us that if a nurse is attending to her daily duties in the ward in the care of patients, and in the operating room, she requires two hours a day off duty for out-door recreation, an ample amount of sleep, and not more than one lecture each week and one class-room exercise a week. She is tired at night as it is, and when she becomes over-tired or worn out she is not able to fulfil her duties to her patients as she should. Therefore, if our course of instruction is arranged on these lines and the nurse be given an absolute rest of three weeks in the summer—which is much needed—three years is the shortest time in which her education can be properly completed. We have then produced a carefully trained and reliable nurse upon whom we can depend with entire confidence in any emergency.

Of recent years there has come into existence a class of nurses which should more properly be called attendant nurses. These are young women who have attended a series of lectures for about ten weeks and whose practical knowledge is gained by visiting patients in the poor districts, taking their temperatures, counting the pulse and breathing, bathing them, and doing what is necessary for their comfort. These nurses should not be looked upon as in any sense competitors of the hospital graduates, for they are not. They are simply attendants who

are expected to look after the ordinary wants of a sick person, and their services can be had for a very moderate amount. They are, therefore, useful in cases where a patient is not seriously ill and sometimes in families of very moderate means. They are not fitted for surgical work.

The hospital graduate has two fields of work open to her and some nurses prefer one, some the other. I refer to the nursing of private patients in their homes, or institution work. A nurse who has been proficient in her hospital course usually has an opportunity to become a head nurse in some department of the hospital, or she may be asked to take charge of a training school in a hospital in one of the smaller cities. This usually affords a good opportunity for securing, later on, a larger and more important institution. There are very decided advantages in continuing institution work. Although the salaries are usually moderate, the nurse has no living expenses, and her salary comes to her regularly and can always be depended upon. She has regular hours of work in congenial surroundings, comfortable living rooms, a sufficient time for recreation, a certain independence which is not enjoyed by younger nurses, a summer vacation, wherever she may choose to spend it, and, most important of all, cheerful and congenial companionship at all times. Therefore, whether she is employed by a hospital in a large city or a smaller town, her life is filled with a useful activity, time never hangs heavily on her hands, she enjoys her hours of recreation and she has no financial worries.

The nurse who takes up private nursing, however, has altogether a different problem. She usually earns more money, but she is also at constant expense, for she must have rooms to live in whether she occupies them or not. There are times during the year when she may be idle for very considerable periods and hence there is no definite certainty as to her income. If she is ill, her earnings cease, whereas the hospital nurse receives her salary and is at no expense during her illness.

There are difficult cases where the nurse is practically on constant duty for several days together, and through lack of sleep, fatigue, and anxiety, she becomes irritable, loses her natural cheerfulness, her sense of humor deserts her entirely, and she may become utterly unfit to carry out her duties to her patient. I think physicians far too often neglect their nurses, and it is just as important that the physician inquire into the number of hours of sleep the nurse has had and the amount of time out of doors, as it is to ask about his patient.

The nurse often finds herself in most attractive homes where she is treated with the greatest kindness and consideration, and then again

she may find it is impossible to get the days of her life.

Nurses contend with a nurse who and then weeks before to. It is and resolve some kind. Therefore do not is of your friends them at the difficult friendship.

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she may be in a thoroughly uncongenial atmosphere with people whom it is impossible to please, and where it is a weary effort to get through the days and nights.

Nurses who are earning their living in the midst of great cities must contend with periods of enforced idleness, for, no matter how skilful a nurse she may be, there are times when her services are not in demand, and then again, there may be an interval of one, two, or even three weeks between the patient she has left and the next one she is called to. It is these periods of idleness which tax the patience, perseverance, and resourcefulness of the nurse; she should have a congenial task of some kind to occupy her time and her thoughts during this interval. Therefore, I would say to those of you who are nursing in large cities, do not isolate yourselves too much from your friends and the members of your family, but keep in touch with them as much as possible and see them at frequent intervals. This will help very much in overcoming the difficulties of the interval periods I have spoken of, for after all friendship is the best thing which we possess, next to good health.

Retain your youth, your good spirits and your cheerfulness by living every hour out of doors that you are free. I may mention here that depression of spirits almost always has an underlying physical cause. One of the best remedies that I know of is to be in the open air. Make it a point to secure an ample amount of sleep with your room flooded with fresh air whether it be winter or summer. Train your mind to throw off the anxieties attending your patient during your hours off duty and interest yourself in other things, and you will come back to your task cheerful and refreshed.

A nurse who leads a fairly active life is able to make certain investments from time to time, if she is prudent and looks to the future, so that at the end of fifteen years of professional work she will be assured of a certain modest income sufficient for her needs, and it therefore becomes optional whether she continues her work or not.

But nurses like their work and they are loath to give it up. They accomplish more with their lives than any other class of young women. In their self-reliance, their independence, and their fineness of character they cannot be excelled.

PEOPLE who wear their nerves outside should be sent to a sanitarium to have them put in their proper place and cemented in with common sense.—ELISABETH ROBINSON SCOVIL.

MAKE yourself an honest man and then you may be sure that there is one less rascal in the world.—CARLYLE.

MY EXPERIENCES IN NAPLES AFTER THE MESSINA DISASTER

By ALICE FITZGERALD
Graduate of Johns Hopkins Hospital

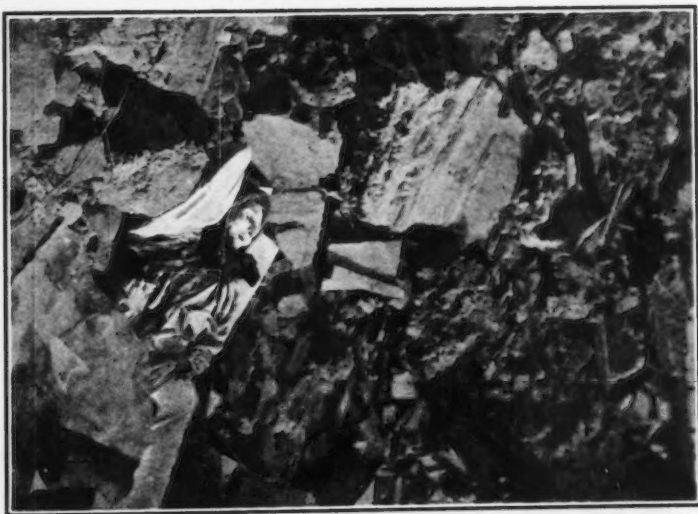
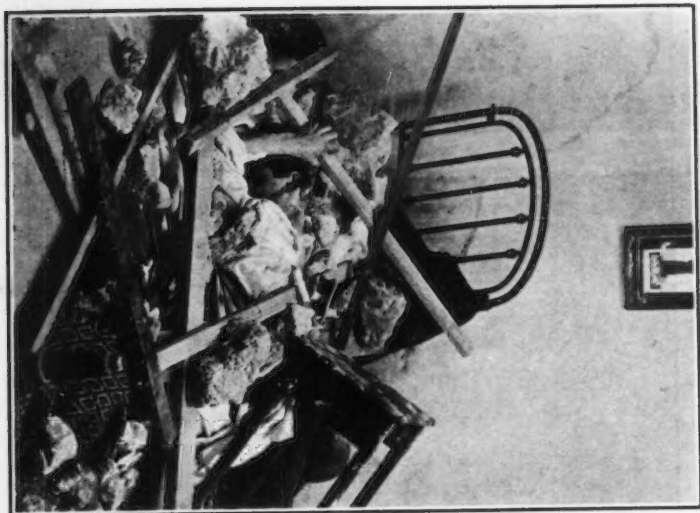
Soon after the first news of the awful disaster reached us, I wrote to the president of the Women's Branch of the Red Cross of Florence, to which I belong, and volunteered my services for the Messina and Calabrian sufferers. For some days, meetings were held, messages were received from the minister in Rome saying that we might go if another hospital ship were sent, and, in such inactive way, quite usual in Italian official or semi-official proceedings, several days passed. When notice finally came that no ship would be sent, and as none of the wounded were being sent to Florence, I decided to leave for Naples on my own account.

I asked our president for permission, which was granted, and left for Naples, not knowing if my services would be required or accepted, nor where I should apply, for I soon found that the Red Cross, instead of being one large body of workers with the same interests and aims, is divided into as many branches as there are cities, and there is but little if any connection between them all. For this reason I was not even given an introduction from our branch to that of Naples.

This lack of general unity and co-operation would be a serious drawback in time of war, when the different branches and sections of branches would necessarily have to be placed under one chief.

My journey to Naples was very uneventful, as the hospital trains were not yet coming north, but we took down a number of the men of the police forces, of which the Neapolitan and Sicilian authorities were in great need. During the first few days, one hundred and fifty looters were shot on the spot at Messina, as their regular forces, helped by the Russian and English sailors, were too busy trying to save lives to be able to watch and protect property. When I reached Naples I heard that one of the Red Cross hospitals was established in the new and very fine Excelsior Hotel which had not yet been opened to guests. Its proprietor, with the greatest and most admirable generosity, had offered the use of the fourth floor for a hospital, and from that moment he bore all the expenses of the running of this hospital: food, light, heating, and service were all provided for the patients, doctors, Red Cross officials, orderlies, etc.





EARTHQUAKE VICTIMS



OPEN-AIR SURGICAL DRESSING



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Such a generous deed cannot be repaid, except perhaps a little in the knowledge that the best managed, the cleanest, and the only hospital where conditions were as near perfect as possible was the one in the Excelsior Hotel. The main Red Cross hospital, of which this was the overflow, had about two hundred beds.

The evening I reached Naples I went to the Excelsior, as it was very near to the hotel where I was staying, and I intended to make the rounds of all the hospitals to find a place that needed help.

It must be understood that I had nothing to offer as an introduction but my own word to show that I was willing to do anything within my power for the poor sufferers, that I had some training, and, last but not least, that I knew the language.

I said that I had come from Florence for the purpose of nursing, but had not been "officially" sent by the Red Cross. I must add that later on twenty ladies of the Florence Red Cross were officially sent down and given the "blessing and badge," which were the introduction which had not been granted to me, on account of my impatience to get to the scene of trouble. I saw one of the officers of the society who asked me to return the next morning at 11 o'clock, to see the director, which I did, and I was most kindly welcomed and immediately set to work. I found a staff composed of Neapolitan ladies, two of whom were wives of doctors; three Russian women medical students; and three Americans, all women of good common sense, and possessed of the true charity and tact which at all times can accomplish more than training, with no tact and common sense, can ever do.

We also had one lady of the Milanese Red Cross, which had come to Naples with its own doctors, aids, etc., and had started a hospital of its own.

The visiting surgeon was Morisani, a brother of the famous "Senatore Morisani," obstetrician-in-chief to the Queen of Italy. There were a resident surgeon and one or more medical students always on duty to do such work as taking temperatures, giving medicines, etc., which in Italy is not trusted to the nurses.

The patients were mostly fracture cases; all with pathetic stories of being caught under the ruins and kept prisoners from two to four days and nights, suffering from their wounds, thirst and hunger, for it was only to those who were partly exposed or within reach that the sailors could bring food and drink twice daily, and leave the hope that the next day they might be rescued!

Among the men patients was a priest, whose arm was badly fractured, but whose future seemed brighter than that of many others as

the "Church" would always take care of him; and a cart driver, from Reggio, in Calabria, whose work kept him out on the road all night, was on his way home, having reached the main street, when the earthquake took place; his horse was killed and one of his arms was badly broken. He rushed to his own house to find all in ruins and his wife and children dead; the poor man had lost everything!

A little boy, only badly bruised, was considered an orphan until by some lucky accident his mother was discovered lying wounded in some other hospital.

A poor silent, reserved old man had a fractured arm, but rarely spoke, and never complained of his pains or troubles, which must have been even greater than suspected, for he died very suddenly of heart disease. The other cases were more or less a repetition of the suffering and utter despair of men who had lost much or all.

One old man, a church sexton, had dreadful wounds of the scalp, but lingered for days before dying. Another old man, a cobbler by trade, had lost every member of his family, though not badly hurt himself; when cured he had to be sent to the "Albergo dei Poveri," or poorhouse, to finish his sad old days.

Among the women, the cases were perhaps more pitiful, for an Italian woman would hardly know where to turn to earn her own living, if she was not trained for it.

One was the wife of an officer, killed in Messina, with her two children, none badly hurt, but the poor woman's worries were many! She would receive a small pension, but not sufficient to cover her expenses with the two fast growing children. A young woman, a chambermaid, with double fracture of the leg, was under the ruins for seventy-two hours. She had called in vain for help, and owed her life to her brother and father who knew the spot where the house she had lived in stood, and insisted upon digging there. She heard the workers above her, and at last they were able to answer her, but it was a couple of days before they could rescue her. This patient had the worst head of hair it has ever been my fate to comb out. For ten days it had not been touched, some of the ladies having told her that her hair could not be combed out because of her broken leg! At first I wondered at the excuse, but after a short time I understood the feelings that would prompt such an answer from any "amateur nurse." The hair was still full of mortar, gravel, and clotted blood, and at the back was much like a very tightly woven stuff. I worked for several hours daily as the patient begged not to have it cut, and after many days the remains of the Messina disaster were banished from that hair, at least.

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One old lady who had her foot hurt was a very amusing patient, always fearing she was being neglected in some way, and she had such a convenient little cough ready every time she saw me opening the window and letting in a little much needed fresh air. If she has bronchitis or pneumonia in the next few years, I fear that I will bear the blame for it. However, we became very good friends when she had overcome her suspicions of my methods. She had a bad sore on her back, and as we had no rubber rings I took some cotton and a bandage and started to make her a ring. She watched me carefully, not understanding what my object was, but keeping up a steady stream of protests that she did not need or want the thing I was making! After it was in place, and she felt so much the better for it, she confessed that she had feared that I was going to try and squeeze it around her in some way! The same woman took every night a plain lemon cough drop we had brought her and it always made her sleep well!

One very bad case was that of a dressmaker of Reggio who had both feet crushed, and both hips bare of flesh to the bones, and gangrene had set in. At first, amputation of both legs above the knees had been considered but then postponed, and later the gangrene had limited itself to two toes of one foot and one toe of the other. The daily dressing of the hips and feet was most painful, but the patience and will power of the poor Paulina were wonderful, she was so anxious to get well! When I left, she was in a fair condition, but since then she has had one collapse from which she rallied, but it is hard to think that she can recover; she had fever at times and also chills, especially after a particularly painful dressing.

Her diet was quite a surprise to me at first, but I soon learned that every one could have just what and all she wanted, provided we had it on hand. One day when Paulina had more fever than usual, and I thought she would have simpler food, I carefully gave her the broth part of the soup. She looked at me most pathetically and almost reproachfully and said, "That is queer soup with nothing in it," and I had to confess there was cabbage there too, and found she was intended to have it. Once or twice particularly dainty dishes of chicken or sweet-breads were sent to her, but her true peasant nature could not accustom itself to these, and she welcomed back the beloved "maccherone" and "cabbage."

Paulina was a great favorite with all, and the best of all things was always to be had for her. At first she did not like champagne, but very soon asked for it when it was not given to her. Madeira, all kinds of fruit, the best of broth, were among the many donations for her. Her

only relative was an old aunt, nearly ninety years old, also rescued from the ruins, and she came and "lived with us" though quite unhurt. I fancy that the poor old, simple soul had never seen a set table or a bed with such a never-ending supply of clean linen, for she was the true primitive peasant type.

The other women were fracture cases or simple bruises and were doing well.

The fracture cases were put up in splints and soft dressings, and the leg or arm laid in the wire frames made to fit the part. The treatment consisted of massage around and on the point of the fracture. This was supposed to be done by the doctor, during the first week or ten days, and after that the nurse was trusted to do it; to the massage was added the striking of the part with a wet rag to stimulate growth.

It was very hard to persuade the patients to allow me to change their under sheet as they much preferred being changed into a fresh bed, and this was constantly done.

Bed cradles were very primitive, but practical and easy to make, with a piece of stout cardboard bent into the position of a half circle and held there with a piece of string passed through from one end to the other, like a very tightly drawn bow.

One night I was rubbing the back of a sleepless patient with some cologne (we had much more cologne than alcohol, for it seemed the favorite donation from visitors) and she was much concerned at the novelty of the proceeding, and feared it might weaken her as the doctor had not ordered it. Later, however, she liked it, and frequently spoke of the "miraculous water" I applied which seemed quite a parallel to the "miraculous" cough drop which sent our old lady to sleep so easily.

With the exception of six or eight, the other patients were all the very simple Sicilians or Calabrians of the people, and their dialect was very hard to understand. The meals were always served and sent out to the different patients by the director himself, who was not only a good manager, but one of our hardest co-workers, being always on hand and seeming to grasp every want and necessity before it was generally felt. To him is due the praise for smoothing over all difficulties and making our hospital a "temple of harmony and good will" at all times. This was no easy task, if one considers the variety of nationalities and of conditions of men and women gathered together to do the work.

There were several Neapolitan gentlemen who volunteered some hours, either by day or by night, to help, and they proved ever ready to lend a hand where and when they were wanted.

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The meals consisted of breakfast at 8 A.M.; lunch at 12 M.; coffee at 4 P.M.; and dinner at 6.30 P.M.; all plentiful and nicely prepared. With the lunch and dinner was given the large, full glass of red wine, joy of the Italian heart, and even Paulina took her share.

We had two orderlies on duty who were supposed to work all day and not sleep at night, but, though they may have done the first conscientiously, I know they slept at night just as conscientiously, for we had very little for them to do, and where is the orderly who does not like to sleep at night?

The hours on duty were at first arranged according to every one's desires, the consequence being that too many nurses came in the morning and early afternoon, but no one wanted the late afternoon and evening hours. After a short time, we had the hours arranged by one of the ladies, who, by her experience and charming personality, was the very person to be our "directrice," and things ran very smoothly under her.

I took night duty, but as the custom is in Italy, I was not allowed to take it every night, but only one night in three. With some modifications the schedule would be like this: Monday, 9 A.M. to 12 M., and 9 P.M. to 9 A.M.; Tuesday, 6 P.M. to 9 P.M.; Wednesday, all day; Thursday, repetition of Monday.

There were usually two of us on night duty, with a medical student, and the doctor and director slept within easy call.

When the patients were well and discharged, the Red Cross Society gave them an entire outfit and change of new clothes, and if they were going to travel each was provided with a warm woollen blanket and money for the journey. As far as the money entrusted to the Red Cross Society of Naples is concerned, I am absolutely sure that the best possible use was made of it, and all immediate wants were attended to.

I think it a pity that the money collected by our Red Cross was not sent directly to the Society in Naples, Palermo, and other branches that were on the spot; there could not be too much money given for the urgent necessities during the first weeks and the outlet to it should have been very free, for I fancy such was the intention of the givers.

* * * * *

During my hours off duty, I visited some of the other hospitals of Naples; of course they were very full and the disorder most apparent. Much of this was greatly increased by the number of untrained people of the Red Cross and other associations, who in all cases were more than willing but were unable to face the situation, through lack of training.

In every ward where the victims of the disaster were, one saw the ladies of the French and Italian Red Cross, whose uniform with few variations consisted of the long linen coat, an apron with bib over that and a white linen square folded over the hair, something like the Roman peasant head dress. The Red Cross appeared conspicuously on the sleeve, apron bib, and head piece. The ladies of the French Red Cross have had both training and experience, having just returned from duty in Morocco, and were much praised for the good work they did.

The Italian Red Cross does not give any regular training, but in some of the cities, like Milan and Florence, they have started a course of lectures and given opportunity for a little practical work.

The lectures in Florence were given by one of the chief surgeons, who very kindly gave his time and that of his assistants, and the free access to his words entirely gratuitously. His lectures were most thorough and interesting, but I would venture to say that they were entirely beyond the object in view, that is, the teaching of a little elementary, urgency, nursing.

A graduate nurse could derive much benefit and pleasure from these lectures, for they went over the ground which we, as a rule, cover in years instead of weeks, and which it is interesting to cover again in after years. The doctor never tired of going over the harder points and trying to clear up difficulties, but it was always from the doctor's point of view and not from the nursing one. Not a scientific term was spared us. One whole lecture was devoted to the names and uses of some familiar and many unfamiliar surgical instruments, sutures, etc., but we were not shown how to make a bed!

The practical work consisted in spending a few hours, for a few mornings, in the wards, watching the doctor make one or two hypodermic injections or a few dressings, and occasionally watching operations. Is it necessary to add that during the operation smelling salts were always at hand, for it was not uncommon to have members of the class faint at the unusual sight of blood, and is it to be wondered at, with no preparatory training whatever?

These hours in the wards should have been filled in with the elements of nursing, but it never entered the doctor's mind that there was anything else to do for the patient, either before or after he had done his part in treating him.

What nursing could be expected after such training? Could any one of those ladies say that she had learned to make a bed, wash and feed a sick or wounded patient, change an under sheet, comb a patient's hair, etc., though she may have learned the name of every bone and

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articulation of the body, and also how to make a surgical knot? If it is to be of any use in time of war or after disasters like the Messina one, the woman's branch of the Italian Red Cross must be organized on the lines of the French, which gives its members training, and the result has been excellent work.

* * * * *

In the hospitals of the "Incurabili," which generally holds eight hundred beds but can take in twelve hundred, and of the "Pace," smaller but also full to its utmost capacity, there was not a quiet spot; patients everywhere, visitors everywhere, and constant talking in every direction. Fresh operation cases had to be placed in these noisy wards, and I have seen, at other times, bodies of the dead patients lying in the crowded wards without a sheet being even drawn over their heads, and was told they might have to wait hours until some one had time to come and get them.

Cases of gangrene were many and some cases of tetanus occurred and were strictly isolated.

The general disorder was naturally more marked even at this time, and the bedside tables were fairly groaning under the gifts of charitable visitors; one saw shoes, fruit, woollen garments, etc., in hopeless heaps, beside the daily ration of wine, bread and whatever medicines had been ordered.

I saw in one ward, cobwebs which would be the pride of any French wine cellar, and am sure they had not been disturbed for many years, so they could not, as many other shortcomings were, be blamed on the Messina disaster.

In the "Incurabili" I saw bed screens, small, but still a step in the right direction. I would like to know by what good fortune the screens were placed there, as other Italian hospitals will not hear of them.

The number of cases of amputation was very large. Some small children and women with double amputation at the hips made me wonder if life were worth the saving for them. Of course many of the maimed will refuse to go into homes or institutions, and will prefer to join the mighty army of beggars, already a serious inconvenience in Italy. I saw two cases of broken backs; one was up in a plaster jacket, but the other one had not been dressed two weeks after the accident. It was remarkable, considering the exposure suffered by them, that so few patients had pneumonia or even colds.

The "Gesù Maria" hospital, which is in charge of Miss Baxter, a graduate of the Johns Hopkins Hospital, made by far the best impres-

sion, though just as crowded and busy as the others. It was such a pleasure to see the pupil nurses in the wards, in their neat blue uniforms, white aprons, and caps, instead of the slouchy, slovenly "Inser-viente" of both sexes who do the nursing in most Italian hospitals. The Sisters do no nursing, and very little supervising, except of meals and linen.

Miss Baxter's patience, endurance, and love of the work (perhaps this last should come first) have done all and more than could be expected; but, unfortunately, the Italians accept improvements in too passive a way, and, if it is going to cost them a minute of anxiety or the slightest exertion, they prefer to drop back to their old ways, and this with a sigh of relief.

I attribute this attitude against the training of nurses to a fear that the trained nurse may want to claim some of the work, privileges or financial gain which have always been the doctor's. They will not understand that there will always be plenty of work for both to do if the patient is to be well cared for. One doctor, discussing the point, said: "Of what use is the training? Any one can give the medicines and food we order, and what more is there for a nurse to do?"

The question of training the right kind of women for nursing is not even in its infancy in Italy. The average doctor is not even thinking of it and much less wanting it.

Any one knowing well the conditions in the hospitals at present, with the attitude taken by the doctors towards the very low grade of men and women who do the nursing, with the lack of supervision from Sisters or doctors, and the comparative absence of any sense of modesty or propriety, would never wish to see a sister, a daughter, or even a friend, enter such a school of training.

An exception to this must naturally be made for Miss Baxter's school, for she has made for it and for herself a position which is quite unique in Italy.

There are a small number of doctors who are in favor of training nurses, but they are not sufficiently anxious for it to start a movement in this direction. They are waiting for the "mountain to come to Mohammed." Perhaps some day they may get tired of waiting and decide to make some effort and follow Mohammed's example and "go to the mountain."

The conditions in general, in Naples, were those of absolute confusion; no organization, no office where information could be obtained as to where the wounded were, no place where the clothes, which had been sent in such abundance, could be easily had. The only place which

seemed to be officially connected with the disaster was the department of the City Hall, where the donations were received; the inlet was easy to find, but where was the outlet? In the meanwhile patients who were well and discharged, could not leave the hospitals because they had no clothes! There seemed no excuse for such a condition of things after the generosity from near and far.

The severest criticisms of conditions and officials were daily published in the Italian papers, and the cases of misappropriation of funds and clothing were many. I heard of a man from Northern Italy who bought several hundred blankets at eighteen lire apiece and shipped them off to Messina; there, some dishonest boat official sold the blankets at one lire apiece to a Messina man who turned around and resold them at twenty lire each; and many other such incidents. On the other hand, the generous impulse to give money, clothing, and to help in person, which was noticeable everywhere from the highest to the lowest, was most admirable. Men and women from all over the country volunteered their services and proved willing to do any work at hand.

The Queen of Italy, a true woman first, a queen afterwards, stands out as an example for all people and all times. She was the first to reach the scene of the disaster and help the wounded and survivors, and since her return to Rome she has worked incessantly, making, collecting, and sending down clothing.

She is now much interested in the plan to start schools for manual training and agriculture in the devastated countries for its orphans, who form the most pathetic picture one can imagine. Among these poor unidentified little souls are the children of some wealthy parents, and perhaps heirs to fortunes. They were picked up among the ruins by the sailors, who could not be expected to remember where they found the children, and were taken on the boats to Naples and from there sent on with many others to the northern cities which offered to care for them. The very young children cannot give their names, and who, but a very near relative, could recognize a baby or very young child? Among the number sent to Florence was one who asked for the powder, after they had washed him, and wanted to know why the automobile did not come to take him out. Another could not accustom himself to the plain institutional spoons and table setting, and wanted to know why they were eating in the kitchen instead of the dining-room. These children could give their names, but no relatives have been found so far. It seems too sad to think of all the young and old who have to start life afresh and in many cases with such a difference. The Queen's plan of collecting all the orphans from the many places where they

are now scattered, and sending them back to their native land seems the best, for there, at least, they may have a chance of being identified and taken by some relatives who in time might adopt them.

The condition of the poor refugees, as they are sent north to relieve the crowded conditions in the south, is often pitiful, for in some cases they are not sufficiently clad and are almost famished, having been given but one small piece of bread in the twelve hours between Naples and Florence. Does this seem right with all the money that was subscribed and all the clothing which was sent?

Committees of ladies meet the trains as they go through Florence and provide what food and clothing they have on hand. The poor wretches are most homesick, and it is doubtful if they can be made contented and willing to settle down and work in the northern cities. Perhaps later on they can be sent back to their beloved Sicily or Calabria, for they are truly children of the soil and do not bear transplanting.

ANOTHER LETTER FROM NAPLES

[Our readers will remember that an interesting letter from a Henry Street Settlement nurse, who was in Italy at the time of the earthquake, was given in the editorial department of the February JOURNAL. The following extracts are from more recent letters by the same writer.—ED.]

HOTEL BELLEVUE, Naples.

You must have another line for I feel you are interested. Order, of a sort, is appearing out of the chaos, and with a few self-imposed rules, so I shall not get tired, I'm going strong.

The improvised operating room is the wonder of the place. A tiny coil of pipe over a gas flame gives a supply of hot water, and a gas stove, one burner, is used to sterilize dressings and instruments—and it's all surgical work! Such dressings! A stream of doctors all day long. Tetanus serum has been used in quantities. There isn't a bit of sterilized catgut in the place. . . .

The ladies in the hotel give me clothes every day after dinner, and I go to bed early and take them in a suit case in the morning. I tried to explain who I was. The result is that I am one of the first "nurses settled" in America, and a Signora Inglese of the well-known house of Richmond.

The tragedy, thank God, is lifting a little bit. We are a comic opera lot in our improvised get ups. A woman had wept on my shoulder over the loss of her daughter's betrothed, who had been their sole sup-

port for a long time. A tiny man in an English shooting coat and knickerbockers (made for a six-footer), bandaged legs, and white tennis shoes, appeared at the door. Joyful screams of recognition. Lo, the daughter's betrothed!

One of my ablest assistants is a refugee in white cricketing flannels and dancing pumps. The hands and faces of *all* have been washed at last. The patients on special diets, nearly all, get something approximating the stuff ordered. The kind ladies and gentlemen who come and start feeding the multiple abscess case meat and macaroni need dealing with gently.

Tell — all her safety-pins went to the hospital. Tell Miss — I wish she'd tell me what to do when the Consiglia Provinciale de Napoli send by messenger a vote of thanks on most important looking paper.

I think another ten days will see us out of the woods.

NAPLES, February 3rd.

DEAR HEAD NURSE:

Still here, you see, but expect to finish to-morrow. For example, this morning two Sisters went to one of the convents of the Sisters of Charity. One woman went to relations, in a nearby village. Her father, and two lonely old ladies, to the Madonna del'Arco, a sort of workhouse, poor souls. One other went to a hospital for nervous diseases. They are getting assimilated after this fashion, more or less. Mrs. —'s doctor called last night and gave me two barrels of sugar. My special work has been getting the generous gifts from the giver to the recipient. I got a man and a rope, and a frail cart for the sugar this morning before starting for the hospital; had to pay him five shillings too. Dr. — gave me 100 lire for a family who are every one of them a mass of surgical dressings. I know the doctors who do the dressings—oh, it's a terribly needy affair. The doctor got my last 50 lire (of refugee money) for the cases. Dr. — also unloaded a sterilizer on me. I *told* him they fed the youngsters on bread and wine, and the best I could do was to present it to a hospital, *if* they would accept it. So I will have to take a carriage and take the white elephant along, for he said he was quite willing to leave it to my something-or-other. He brought it with him to my hotel. I hope you see the funny side of all this.

Please tell Miss — that the sugar has been accepted with gratitude by the hospital and will be used for the insane rescued at Messina besides the emergency refugees.

There is one thing about the work over here I have discovered with surprise; no matter how much muddle and confusion—ten incapable people to do the work of one ordinary worker, and so on—there is no tension. That strained snapping-point moment that we all know, and dread, is *not*. It does not exist. "What must I do?" "What God wills." They say this and it seems to have soaked through every-day life. "I am the Master of my fate," "I am the Captain of my soul?" Not at all, say they, that way leads to nervous prostration, it's too much responsibility. "*Molto Stentura*" (misfortune) has Italy, but it never crushes her.

HOUSEHOLD HYGIENE

By ISABEL McISAAC

I.

THE SITE OF THE HOUSE

A SCIENTIST recently said, "A good housekeeper is a woman who understands cooking and bacteriology;" which at first thought seems a narrow range of intelligence, but when one grasps the principles of chemistry concerned in cooking and the principles of bacteriology, it is soon very evident that the two sciences cover enormous fields, which include the simplest domestic duty as well as the most elaborate preparations for surgery.

Incredible as it may appear, there are still persons who criticise the teaching of bacteriology to nurses, but in spite of their protests the teaching has steadily increased, and there is every reason for thinking that within ten years bacteriology will be taught as much or more in every public school in the country.

Any woman who is at all familiar with good housekeeping cannot fail to be impressed, when she takes up bacteriology, with the really good technic which has prevailed in well-ordered households for generations; the cleanliness of food, clothing and furnishings was perhaps due to the æsthetic sense of our grandmothers, but some of us can recall hearing them express themselves, before the germ theory of disease was known outside of Pasteur's laboratory, upon the sources of infection in tuberculosis and child-bed fever and upon the dangers from disease lurking in unclean beds and dish-towels. Their observance of the time-honored rite of house cleaning, especially in the spring, after the "shut-up" season, was not instituted upon any scientific knowledge they possessed, but certainly speaks volumes upon their insight into cause and effect.

They sterilized food for preservation and in times of epidemics of cholera they gave their families only freshly cooked (sterilized) food, and for generations they have sterilized the household linen. Men always require reasons for doing anything, but women do many things (rightly) by a sort of unflinching intuition.

The time has come, however, when women demand reasons, and are no longer satisfied to stumble, this being especially in evidence with nurses and housekeepers, who hold the household health largely in their hands.

An intelligent householder, in choosing a habitation in the country or town, will first consider the nature of the soil upon which it is built, avoiding low, heavy, wet soil which contributes dampness to the walls and often standing water to the basement or cellar. In cities this point need not always be considered, as in many cities the contour of the earth's surface has been altered by cutting down or filling in, and with a good system of sewerage standing water is practically unknown. Much more attention should be given to the outlook in choosing the site for a house; even in large, compactly built cities, there are advantageous or unpleasant features involved in a choice, which do not necessarily affect the price of the site, and one cannot fail to be struck by the lack of appreciation exhibited by the majority of persons in their selection of the site for a house. The corner of the block in a city or town is naturally more desirable and likewise more expensive; but if one may choose between the corner site and expensive furnishings let the choice be the corner; it will not be impossible to improve the furnishings later, but the advantages of sunlight and better outlook cannot be bought at a subsequent time.

The writer recalls a long street in an attractive town, along the top of a hill overlooking a charming stretch of valley, river, and lake, where every house on the valley side of the street has its back turned to the glorious view, and the brow of the hill is covered with stables, hen houses, etc., and all of the living rooms in every house overlook a narrow, dusty, commonplace street. The difference in effect upon every human being who looks out upon such a street and those who daily see a panorama of beautiful country cannot be estimated. It is not that we might all have a lovely vista, but that we are so dull as to turn our backs at what often lies at our very doors. In the country, one may see thousands of farm houses near rivers, lakes, or mountains, and ninety-nine out of every hundred are huddled up to the dusty highway, while stables and barnyards face the mountain or the water, and the rivers are used for dumping garbage.

The same lack of appreciation is exhibited in the choice of apartments and single rooms in the large cities; nurses in particular should seize every possible advantage in choosing the room or rooms where they will live while off duty. With the multiplicity of telephones and increased transportation facilities in most cities and towns, it is possible for nurses to find their habitations nearer the parks and suburbs, away from the dirty, noisy, congested centres of the cities, where the single window may look out at an alley or the blank wall of a court. Then let the windows face east, southeast, or south, preferably southeast, where the very early sun does not disturb the late sleep of the overtired nurse, and the room is flooded with sunlight in the middle of the day.

A house standing with its four corners to the points of the compass will have sunlight in every room at some hour of the day, which is one of the most important hygienic features in selecting the site for a habitation. Obviously it is only the rich or very well-to-do in cities who can afford such sites, but for those of limited means, which compel limited space, much forethought should be expended upon situating the house in a way to utilize the light and air to the best advantage.

There are millions of houses having dull, dismal rooms, which might have been bright and with a cheerful outlook if some one had given a few minutes thought to the subject. When sunlight and air become fashionable, like gilt chairs, cut glass vases, and lace curtains, think of the people who will have to spend their money to get what they might have had for nothing!

(To be continued)

A SUCCESSFUL CENTRAL REGISTRY

By LILY KANELY, R.N.

Graduate of Garfield Memorial Hospital, Washington, D. C.

SINCE December, 1906, the Central Registry for Nurses, established under the Graduate Nurses' Association of the District of Columbia, has been in successful operation and has been self-supporting from the beginning.

By giving an entertainment, a fund of \$200 was obtained to be used in furnishing and the extraordinary expenses of establishing and organizing; so that revenues might be used for current expenses alone, and the registry be free of debt or obligations.

Success was assured by several superintendents in town, who had maintained registries, each for the benefit of her own graduates, agreeing

to give up these registries as soon as a central registry should be in operation.

Members of the association, as a body, also pledged themselves to support the registry in the first days of its existence by registering and paying the fee, and many who had an assured clientèle, or were not engaged in private nursing, did this for the first year or two with commendable loyalty, until the registry had established its claim to usefulness, and was assuredly self-supporting.

The registry is under the management of a committee composed of the president of the association, ex-officio, and ten other members, elected annually by the Council, one of these ten being selected to act as chairman.

The committee elects its own treasurer, and the funds are kept separate and distinct from the association funds. Reports are made at each association meeting of all actions of the Registry Committee, disposition of funds, etc., though the committee is free to act at its discretion.

The primary object, of course, was to act as intermediary between nurses and physicians, hospitals, or the public; but a secondary object was to regulate the actions of those nurses who, with little or no nursing education or even experience, had been able, and often with the consent of physicians, to represent themselves as graduates and charge the same amount as graduates.

To this end, and because there is always a demand for such experienced nurses for convalescent patients among people of moderate means, or for chronic cases of long duration, and because it was deemed advisable to make the registry useful to as great a mass of physicians and the public as possible, it was decided to take upon the registry list experienced nurses as well as graduates.

These are divided into three classes: those with some hospital experience who may charge up to \$15.00 per week; those who have had some years of experience under physicians, who may charge up to \$10.00 per week; and those of no particular training, but whose known good character and reliability, and long experience with some chronic case, make them useful with that class of case. These may charge up to \$8.00 per week. Any one registering on these terms must agree not to take cases, whether obtained through the registry or not, for more than the sums mentioned.

When an instance of a breach of this agreement comes to the notice of the Registry Committee the person is warned the first time, and the second time may be dropped from the registry list.

At the beginning of the present year, in order to stimulate an interest in state registration among the recent graduates of training schools in the District of Columbia, it was decided that no graduate should be eligible to the benefits of the registry who was not a "registered nurse" according to the law. This did not exclude the non-graduate, or experienced, class, as it applied only to graduates.

In such an undertaking as a central registry the work of the registrar is somewhat complicated, in trying to adjust the claims of the nurses to the demands of the physicians, to act with tact as well as justice and fairness to all concerned. It may be said that this has been done satisfactorily in the present instance.

In the beginning of the third year the business affairs were in so satisfactory a condition that it was possible to engage an assistant to the registrar, at a small salary, to relieve the regular incumbent for a certain time each day, or as they may agree between them.

This small account may interest those about to start such registries in other cities, giving, as it does, the principal reasons for the success of this one, *i.e.*, the public spirit of the superintendents mentioned in giving up their own private registries, the loyalty of association members in supporting the registry in its infancy, and the decision to make the registry useful to as great a number of people as possible.

AN ACCOUNT OF A CASE OF EPILEPSY

By THERESA ERICKSEN, R.N.

Graduate of Northwestern Hospital, Minneapolis

BABY M., a little girl two years old, and seemingly in the very best of health, was sitting at a child's low table eating her supper at 6 P.M., November 17, 1907, when we noticed her falling down, or rather sliding down, from her chair in a dead faint, and on picking her up we found her quite rigid. She soon came to, but seemed very uncomfortable and dazed until she vomited, after which she went to sleep as usual. The doctor who was called and who knew the child well, thought it was only a case of digestive disturbance and ordered calomel in doses of gr. $\frac{1}{10}$, until one grain had been taken, followed by castor oil, 3ii.

The next day she seemed much as usual until afternoon, when she looked very tired and wanted to lie down or to be held. She had her light supper at 6 o'clock and was put to bed at 6.30. At 7 P.M. we heard a short cry, and on running upstairs found her in what we still thought was some stomach disturbance, though she had always before

had a good digestion. This little spell lasted only a few seconds, after which she went to sleep. At 10.30 p.m. she again screamed out, and this time we became alarmed and called the doctor. In the meantime, I gave her a simple enema, a mustard foot bath, and an alcohol rub. There was a good result from the enema, the stool well digested. She again vomited. Doctor C. gave no order except to watch her. She slept quietly from 11.30 p.m. until 5.30 a.m., her usual waking time.

The next day, November 19, we gave her mostly liquid diet and kept her very quiet. She had, during the day, only one fainting spell, as we still called it, as she would seemingly lose consciousness only for a few seconds. Her temperature was normal, pulse 100, respiration 28.

November 20. We found her pulse intermittent, and when the doctor called he ordered tincture digitalis, gtt. iii, t.i.d. P.C. She was also ordered to bed, and after this she was either in bed or in our arms. She became extremely nervous and peevish. Her temperature was 98.8°, pulse 88, respiration 28. She had two good stools and voided plenty of urine; her appetite and digestion were good. During this day she had four fainting spells.

November 21. She had rested quite well during the night, and at 6 a.m. her temperature was 98°, pulse 78, respiration 20. She had a fainting spell at 8 a.m., her pulse was 60, and as her heart was still very bad we did not think of epilepsy. At 8.40 a.m. she had another attack, and this time she screamed out and became very rigid, with a vivid blue color which soon changed into a grayish hue. This attack lasted two minutes. At noon she had still another, and we began to fear spinal meningitis. Dr. C. now ordered tincture digitalis gtt. ii, t.i.d., and bromide potassium, gr. iv, every four hours; aromatic spirits of ammonia gtt. v, p.r.n., also warm tub baths whenever she became rigid. From noon until 7 p.m. the child had four very severe convulsions, each lasting from three to five minutes. At 9 p.m. a consultation was held, and during the doctors' call a very rigid convulsion occurred. This time she uttered a loud cry, her teeth were set, and there was froth at the mouth. Her color was ashy and her head was drawn to the right side. There was now no mistaking the diagnosis—epilepsy. The bromide solution was ordered given every two hours instead of every four hours. She was put on a very nourishing diet which consisted of soft boiled rice, raw eggs, beef broth, cooked fruit, and plenty of milk. Her appetite after she got thoroughly under the bromide was better than it had been for several weeks previous. At 10 p.m. her temperature was 100°, pulse 120, respiration 30. During the night she had four more convulsions, all hard ones, and her eyes twitched a great deal.

November 22. At 6 A.M., temperature 101°, pulse 102, respiration 30. She voided urine only when coming out of a convulsion. Her bowels moved twice a day, also after a convulsion. From November 22 to November 23, she had ten convulsions, none less than three minutes in length. Between the convulsions she was very fretful and nervous.

November 23. Evening temperature 99°, pulse 106, respiration 30. She had had eight convulsions.

November 24 and 25. She had nine convulsions each day; morning temperature 101°, pulse 110, respiration 30.

November 26. At 4 P.M. there was another consultation and chloral hydrate gr. v, b.i.d. by rectum was added to the bromide, of which she was taking gr. xxxviii, each twenty-four hours. Tincture digitalis, gtt. iii, was continued b.i.d. This day she had fifteen convulsions; between 5 P.M. and 8.30 P.M. she had five. She usually slept about an hour after an attack and then would wake and go right into another.

November 27. She had nine convulsions.

November 28. She had eight, but they were much lighter; she was not so rigid, she was also less nervous.

November 29. Only one convulsion. Temperature, pulse, and respiration continued about the same as before; she was, however, very weak and seemed dazed.

We continued the same treatment until December 3, when the chloral and tincture digitalis were discontinued. The bromide solution was kept up until December 7, when gr. iv every four hours during the day were given, making the amount for twenty-four hours gr. xvi.

December 26, it was changed to t.i.d. She weighed thirty-five pounds.

On January 8, 1908, she was again weighed and had gained two pounds.

When an attack began, I would at once lay her on a bed I kept for that purpose, prepared with a pillow, rubber and draw sheet, and one light blanket. I would then watch to see that she did not hurt herself. I used also to put a small granite basin under her to receive the involuntary discharges. I found it better than a chamber or bed-pan. I kept her in a flannel nightdress, so that she might be warm but unrestricted.

Her recovery seems to be complete and the physicians do not anticipate any return of the trouble. Everything is being done for the child in the way of healthful living.

OUTLINE OF PLAN TO SECURE SKILLED NURSING FOR THE POOR AND FOR THE FAMILY OF MODERATE MEANS

By MARY G. LIBBY, M.D.

Graduate of the Massachusetts General Hospital Training School

- I. Establishment of visiting nurse association.
- II. In connection with this: (1) Directory for nurses; (2) collection of ordinary sick room utensils to be loaned or rented.
- III. Arrangement of working plans with philanthropic persons and societies for care of: (1) The sick poor: (a) by the hour; (b) by the day; (c) by the week. (2) Patients able to pay a moderate fee: (a) by the hour; (b) by the day; (c) by the week.
- IV. Arrangement and publication of an eight or twelve-hour plan for the care of the well-to-do.

Such associations might be established, financed and managed by the nurses themselves, in towns of sufficient size to give employment to a number of nurses.

Churches would solve the problem for their sick poor by voluntary contributions, or by loans to persons who were temporarily embarrassed.

Masons, Odd Fellows, Woodmen, societies innumerable, have for one of their reasons for being the assistance of members in distress. By co-operation these various interests could provide a fixed salary for a sufficient number of nurses to do the necessary work in their community. This fixed salary might be considerably less than the usual price charged by the nurse when working by the day or week, if it is understood that no nurse shall be required to work more than a limited number of hours, when she shall be relieved by another nurse from the association.

This association work on a small salary might well, it seems to me, attract recent graduates, who would thus become accustomed to the problems and duties peculiar to private work. Why might it not be welcome as an occasional oasis in the life of any private nurse? Many, I believe, become weary of catering to the whims of the wealthy and would find a real relief in an opportunity to minister to the urgent needs of the poor. This they could afford to do if assured of a salary sufficient to cover living expenses and of relief from duty and responsibility for a certain number of hours daily.

A large part of the physical and mental strain from private nursing comes from continuous residence under the same roof with the patient

and the patient's anxious friends. The various modern devices for rapid and inexpensive transit will, I believe, in great measure, obviate this necessity, and thereby add to the length of life and usefulness of the private nurse.

A plan of life which unfits the individual to pursue her vocation after ten years of service is unworthy of our civilization. A worthy nurse is not only worthy of remuneration upon which she may subsist, but she is also worthy of a fair opportunity to live a life of average length.

HOUSEKEEPING FOR TWO

By ANNA B. HAMMAN

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(Continued from page 419)

PERHAPS one of the hardest times of the year to feed ourselves or others is in the early spring months. The winter dishes have lost their attraction, the summer fruits and vegetables are still a long way off, except for city dwellers, who have the doubtful privilege of paying a high price for hot-house or southern products. Many of us have had too much furnace heat and too little out-door air for several months, and both appetite and spirits show the effect. At no time of the year, possibly, does it matter so much how food looks. And once more, the salad is the best of resources. But what is it to be made of in these degenerate times? A firm, crisp carrot is still available, and a potato. Remove the skin, and cut the vegetables into half-inch dice. Drop them into boiling water, and let them boil very gently, so that they will not break, until tender. They may be cooked together, putting the carrots over about ten or fifteen minutes before the potatoes. When they are done, drain them and drop them into cold water and let them stand until chilled, then drain again. Mix them with plenty of well-seasoned mayonnaise or cooked dressing, and, if a small head of lettuce is obtainable, serve the salad on a leaf or two of that. If you haven't the lettuce, the salad itself piled lightly on a dish, with a spoonful of dressing on top, is sufficiently attractive. Make some little baking powder biscuit, mostly crust, to eat with it, and see what a good spring-time lunch you have.

Fresh tomatoes are a temptation in city markets long before their proper season arrives. But at twenty-five cents a pound they are a temptation to be strenuously resisted by the economical housekeeper. Buy a can of tomatoes instead, and use a cupful of it to make a tomato jelly salad, which will be a pleasure to both eye and palate. The rest of the can may be used for sauces or soup, or as plain stewed tomatoes.

Tomato Jelly Salad. One cup stewed and strained tomatoes well seasoned, three-quarters teaspoon granulated gelatin, two tablespoons cold water. Soak the gelatin in cold water five minutes, then set the dish over hot water until the gelatin is thoroughly dissolved. Remove from fire, stir in the strained tomatoes, and strain the mixture into custard cups or sherbet glasses which have been wet with cold water. Set in a cold place, and, when thoroughly chilled, turn out on lettuce leaves, and put a spoonful of thick mayonnaise on each mould.

Horseradish is a good spring-time relish, and a lettuce salad served with olive oil and a little grated horseradish mixed with vinegar is most appetizing.

The potato needs fixing up a little in the spring to make it acceptable until new potatoes are once more possible. One variation may be scalloped potatoes. Pare two potatoes and slice them very thin. Put them in a baking dish and pour over them a half-cup of hot milk in which a tablespoon of butter has been allowed to melt. A quarter teaspoon of salt should be added to the milk. There should be milk enough to just cover the potatoes. Bake an hour or more in a moderate oven. The potatoes should be very tender, the milk absorbed, and the top nicely browned.

Creamed potatoes look much more spring-like if a teaspoonful of chopped parsley is sprinkled into the white sauce. Anything green, anything new, anything with a zest and a snap in it for the early spring time. And it won't hurt you any to go without a meal some day, and just put a sandwich in your pocket and go out and hunt up the green things that are beginning to poke up through the ground.

Eggs fortunately are getting cheaper and are good. A dropped egg on a thin slice of brown toast with two or three crisp curls of bacon appeals to sight and smell and taste. For the eggs, bring the water to the boiling point, then set it off the fire, and slip the eggs, one at a time, into the water from a small dish, being very careful not to break the yolks. Cover the pan and let the eggs stand while you make the toast and butter it. Slip a knife under each egg to loosen it from the pan, lift it on a skimmer, drain it thoroughly and slip it on the toast. Meanwhile the bacon should be cooking. If you buy bacon in the piece, you must have a very sharp knife to shave it in thin slices. If the butcher cuts it for you, you will have to stand over him to make him cut it thin. It is easier but considerably more expensive to buy sliced bacon in glass jars.

For the bacon, have the frying-pan hot, put in the slices and brown them on each side. Don't let the fat smoke, or your bacon will be scorched and your house unnecessarily saturated with the smell of over-

heated fat. If the bacon is thin and nicely browned, it will become crisp as it is taken up.

A thin slice of broiled ham may take the place of the bacon sometimes. Ham must be of very good quality if it is to be broiled. Have it cut thin and cook it quickly over a hot fire. Broiled ham and dropped eggs are more wholesome, more delicate and less odoriferous than fried ham and eggs.

Creamed Codfish. Pick apart the salt cod in small pieces, making a half-cupful. Cover it with cold water and bring it gradually to the boiling point. Drain it, leaving about a tablespoonful of water on the fire. Make a cup of white sauce, using two tablespoons each of butter and flour to a cup of milk. Add the fish to the white sauce, and just before serving stir in a beaten yolk of egg.

Steamed Custard. Two eggs, two tablespoons sugar, one and one-third cups milk, few grains salt, one-half teaspoon vanilla (scant). Scald milk. Separate whites and yolks of eggs. Beat yolks slightly, add sugar, stir in scalded milk, add salt. Cook over hot water, stirring constantly until the mixture is of the consistency of cream. Cool, add vanilla, and turn into serving dish. Beat the whites until stiff, add one tablespoon granulated sugar for each white. Take up the egg white in teaspoonfuls, smooth it with a knife and drop it on hot water. Cook until the surface is firm and dry. Drain and scatter over the top of the custard. Thoroughly chilled, this is a very acceptable dessert as the weather grows warmer.

If cooked too long or at too high a temperature, custard is likely to curdle. If it should begin to curdle, set the dish quickly in cold water, and beat the custard vigorously with a dover egg beater. This will often make it smooth again. When the custard is first put on to cook, it will run off a metal spoon like milk. When it has cooked enough, it will cling to the spoon like cream. As soon as it does this it should be taken out of the hot water.

A word should have been said in the last number about the measurement of flour. Flour should be sifted before measuring, and then should be piled lightly in the cup with a spoon, without packing or shaking down. This gives a fairly uniform measurement. If this rule is followed, the proportions given in the muffin recipes will be found correct, while, if the flour is packed, the muffin batter will be too stiff. The muffin rules call for pastry flour, which will make them more tender than bread flour. It is possible, however, to make good muffins from bread flour, but it should be used in smaller quantity, as it takes up more moisture than the pastry flour.

NOTES FROM THE MEDICAL PRESS



IN CHARGE OF
ELISABETH ROBINSON SCOVIL

TREATMENT OF "TYPHOID CARRIER."—The *New York Medical Journal*, quoting from the *Lancet*, says: Irwin and Houston report the case of a girl, aged twenty-six years, who contracted typhoid fever seven years previously, since when she had had typhoid bacilli in the stools and urine, and six people living in the same house with her were attacked with typhoid fever. She was given a series of injections of a typhoid vaccine (sterilized typhoid bacilli) with the result that the bacilli disappeared permanently from the stools and the urine.

BEE'S STINGS AND RHEUMATISM.—E. W. Ainley Walker, in the *British Medical Journal*, reports that he has investigated the statement that the sting of a bee will cure chronic rheumatism. Walker collected information from country doctors, bee-farmers and from Dr. Ferc in Austria, who treated 700 cases of chronic rheumatism with bee's stings during the last thirty years. That the subject is worthy of earnest consideration is evidenced from the reports collected by Walker. A peculiar fact brought out in these investigations is the knowledge that sufferers from rheumatism are very little susceptible to the bee's sting. The active principle in the bee's poison is probably formic acid, which is found in the poison with an alkaloid. Further study of the subject is advisable, and hypodermic injections of the poison could be tried.

SURGICAL TREATMENT OF EXCESSIVE AXILLARY SWEATING.—The *Medical Record* says: F. J. Porter refers to the discomfort of this condition in hot climates and instances the case of an army surgeon who contracted septicæmia and had to have made an extensive excision of his axillary glands. Owing to sinuses, it was necessary to remove considerable of the skin and on recovery he found an absence of sweating, and examination showed that all of the hair-bearing skin of the axilla had been removed and along with it the large sweat-glands. The comfort to the surgeon was so great that he had a similar operation done under cocaine and adrenalin on the other axilla. The reporter says that the operation is simple, painless, and does not require opening the axilla, and is free from risk. If the suturing is carefully done, the wound heals primarily and the arm may be used in a week.

TREATMENT OF CANCER WITH COCAINE.—The *Medical Record*, in a synopsis of a paper in the *British Medical Journal*, says: R. M. Gilchrist summarizes the histories of fourteen cases. In every case the general constitutional condition of the patient was very much impaired, even if only for a time. The author says that for the relief of pain cocaine stands unrivalled, for while it eases or takes away the pain, it produces none of the objectionable conditions of opiates. In every case of uterine cancer in which hemorrhage was a prominent symptom, the administration of cocaine was followed by immediate benefit. The author goes so far as to say that he considers cocaine a valuable diagnostic agent, for in case of a doubtful growth he would consider the absence of improvement following cocaine evidence of non-malignancy. The remedy has been given both internally and externally. The author cannot say whether the remedy has any power over or effect on the embryonic epithelial cell of malignancy whereby a malignant is converted into a benign tissue, or whether benefit arises from the powerful stimulus of the drug. Cancer patients will stand large doses of this remedy.

ASTHMA; ITS CAUSE AND TREATMENT.—The *Medical Record*, quoting from the *British Medical Journal*, says: According to W. Lloyd there are three causative factors in asthma: (1) The presence of hyper-sensitive areas in the nasal mucosa or a special sensitiveness of the gastric mucosa; (2) a special irritant of the pulmonary nervous system which constitutes the asthmatic idiosyncrasy with which the patient was born, and (3) the presence of an irritant, *e.g.*, odors, dust, smoke, dietetic errors, etc. Treatment follows according to this classification. In a given paroxysm inquire as to the last meal and remove any obvious exciting cause. If the patient is in a bad atmosphere, remove him. Get him out of bed, bolster him up in an armchair before a cushioned table on which he may rest his elbows and throw himself forward. Ipecac powder will occasionally cut short an attack and permit of a good night. Some patients can get the same relief from pipe tobacco, but all such remedies must be used early. Plain strong hot coffee is one of our surest remedies. Alcohol, cocaine, and chloroform are all serviceable, but the danger of habit formation must not be forgotten. Stramonium smoking and nitre paper fumes are often efficient. The author's experience with the iodide of potash has been disappointing. The food should be nutritious and easily digestible. Asthmatics should dine early, so as to retire on empty stomachs. Intranasal abnormalities must be rectified. For ordinary intranasal irrigation the normal salines are better than the usual antiseptics employed for this purpose.

ALMOND CAKES FOR DIABETICS.—The *New York Medical Journal*, quoting from a French contemporary, says: Le Goff gives the following recipe for making almond cakes for use in the feeding of diabetic patients: pulverized sweet almonds, 250 grammes; eggs, No. 2; sodium bicarbonate, 2 grammes; tartaric acid, 1 gramme. Triturate to a paste and cook for twenty-five minutes. Each cake of the combined weight of ingredients is said to contain from five to seven per cent. of carbohydrates.

CURRENT LITERATURE OF INTEREST TO NURSES

Maryland Medical Journal, February, "The Physiological and Therapeutical Influence of the Mind on the Body," Magruder. *American Journal of Surgery*, February, "Borderline Cases in Medicine and Surgery," Allison. *Interstate Medical Journal*, January, "The Physical Culture of the Puerperium," Gellhorn. *Medical Record*, February 13, "Diet as a Means of Increasing Vital Resistance in Tuberculosis," Kellogg; February 20, editorial, "What is Typhoid Fever?" *New York Medical Journal*, February 13, "Prophylactic Inoculations against Typhoid Fever," Shoemaker. *Journal of the American Medical Association*, February 27, "The Abuse of Surgery," Wiggins; "The Advantages and Difficulties of Publicity in Connection with Municipal Public Health," Levy; "Food Intoxication in Infancy," Brennermann; March 6, "Constipation." *The Nurses' Journal of the Pacific Coast*, March, "The Wreck of the *Æon*—Ten Weeks a Castaway," Campbell. *The Outlook*, February 20, "America Sober," Barrows; March 6, "Porpoises and Stars," Poole. *McClure's*, March, "Evidence against Alcohol," Rosanoff. All the recent issues of *Charities* contain articles which nurses who are social workers cannot afford to miss, and which any nurse would be wiser for reading—articles on child labor and industrial conditions.

"I do the very best I know how, the very best I can, and I mean to keep doing so till the end. If the end brings me out all right, what is said against me won't amount to anything."—LINCOLN.

FOREIGN DEPARTMENT



IN CHARGE OF
LAVINIA L. DOCK

THE INTERNATIONAL CONGRESS IN LONDON

THE program of the Congress promises to have some remarkably valuable papers on broadly altruistic lines, such as the scope of the nurses' obligations and opportunities as patriotic citizens and members of civic communities. The dates—we will repeat them each month for the convenience of our readers—will be from the 19th to the 23d of July. No credentials will be needed by nurses visiting the Congress, save only for the official delegates on the day of the business meeting; this meeting, too, will be freely opened to nurses, and will consist partly of discussions on topics proposed by the associations of different countries. We shall thus see how much alike all our problems are. The most notable lion at the Congress will be, without a doubt, Mr. Haldane, the Secretary of State for War, who has promised to give the opening address in the session on "The Nurse as Patriot." Miss Elston will speak on "Military Nursing in France" at this session. As we know, trained nurses have just been admitted into army hospitals there.

Mlle. Luigi, whose training school at Béziers is the first child of the Bordeaux schools, will speak on "Nursing Education."

OUR FOREIGN FRIENDS

MISS TURTON, who is working with Miss Baxter in Naples in the big hospital full of victims of the earthquake, writes to the *British Journal of Nursing*: "This month has brought the question of nursing imperatively before the public. Will what is good remain of the chaotic mass of *infermiera* who have rendered assistance in our hospitals, institutions, or wherever the wounded have been received? Will a better organized preparation of professional and of Red Cross nurses result? Or will the wave of enthusiasm sink into a greater indifference by reaction? Time will show. Meanwhile we will continue to work on patiently, thankful that the Croce Azzurra has been able to present at least a small body of disciplined and well-taught Italian nurses, as type of what is needed in all our hospitals."

MISS ELSTON writes that July is not the best time for French nurses to go to the Congress, as they have their examinations in that month; however, she is coming to London with Dr. Hamilton, and we hope Mme. Kriegk and some of the "Bleus" will be there also. Mme. Jacques and some of the pupils of the municipal training school in Paris are coming, and perhaps M. Montreuil. It must be a matter of regret to Paris nurses that this genial director has retired from hospital service; however, as he remains an honorary director, he will not lose his interest in nursing.

Mlle. FAURE, a French graduate from the Presbyterian Hospital in New York, writes that she has been experimenting with hourly nursing in Paris.

WE are glad to see in the foreign journals that the director of the *Assistance Publique* in Paris has given a set of wards for the training of the pupils in the school at 10, Rue Amyot. It is to be hoped that they may acquire a whole hospital.

ENGLISH and Irish nurses are justly outraged at the latest performance of Mr. Burdett, whom we had hoped to have heard the last of. He is sending around a printed paper called a "plebiscite," on which to get signatures against (and for? *No*) registration, and with it goes the most naïve and innocently open bribe—for it is nothing less—of a few dollars for the one sending the most names! Our good worthies in this country who think they know something of the art of bribery had better sit up and take points. Of course all organized nurses in meetings denounced the base scheme, for it is well known that many hospitals in Great Britain have more ways than ours of intimidation of graduates and permanent nurses.

THE Sixth Annual Report of the German Nurses' Association is a masterly document, and gives a wonderful idea of the many activities and very serious responsibilities of the officers of the association. Our space is quite inadequate to a worthy résumé of this report. Briefly, it may be said that the German Nurses' Association is bound to carry on, for its members, some of the duties of an insurance office, much of the work of a state examining board for registration, many of the details of the superintendent of a large training school for nurses, and a vast amount of census-keeping, such as we only see done by governmental bureaus, and not always by them. With this, the association carries on the club and study work with which our associations are more familiar, and goes seriously into civics, being affiliated with women's organiza-

tions for philanthropic and civic work, and it has recently joined the Social Reform Society, which is the German branch of the International Association for Labor Legislation, whose aim is to bring about a humane and intelligent regulation of the hours of work in all lines.

ENGLISH nursing journals give interesting accounts of the newly organized Territorial Army nursing scheme, by which a nursing service is being formed to serve in the general hospitals of the Territorial Force. The Queen is to be the president of the service. It is proposed to form a local committee in each hospital centre which will receive the names of nurses wishing to join the service. Such committees are to be composed of women, including heads of training schools and hospitals. Territorial Hospital No. 1 is to be staffed entirely by men of St. Bartholomew's Hospital, past and present, and the nursing staff will be composed of St. Bartholomew's nurses, under the organization of Miss Stewart, who is one of the organizing matrons. There will be four general hospitals, requiring altogether a staff of 480 nurses.

THE Cuban nurses have formed an association with Senorita Marguerite Nuñez, of Hospital No. 1 at Havana, as president. They have been invited to send members to London to the Congress. Miss Hibbard, with the assistance of some of the American nurses in Cuba, has been requested by the government to organize a district nursing service for tuberculosis work in Havana, Cuba. Nursing affairs in general in Cuba progress steadily under the excellent organization of education there. The registration act in force there since 1902 works well, the three years' course is general; there is a nurse sitting as a member on the Central Board of Hospitals, and another holding the position of general inspector of nurses. The duties of this position are to inspect all schools for nurses, all hospitals, private or public, and all schools in sanatoria, etc., that employ graduate nurses, for, as such nurses all hold diplomas from the state training schools, the state supervises their work, wherever they may be after graduation. We recommend this example to our friends in all states who long to return to the good old days when the word nurse was a synonym for ward-maid or scrub.

MISS CHOKO SUWO, who had been taking various courses of post-graduate work in this country, has returned to Japan. Miss Suwo has promised to contribute the chapter on Japan to the third volume of "A History of Nursing."

THE Swedish nurses are issuing a charming little journal in blue and white, of which the first three numbers have reached us. They are

planning to found a national society, and it is just possible that they may be ready to enter the International in July. This would cause great rejoicing.

A CURIOUS mistake was made in this country about the franchise in Sweden. The Atlantic cable sent word that it had been extended to "all the inhabitants" of that country, and all the dailies and monthlies had editorials, supposing that women were enfranchised. Even the *Outlook* had an editorial. But it seems that Atlantic cable only meant men!

THE first examinations of nurses under the new registration act of Belgium have recently taken place in that country. About 400 candidates presented themselves.

M. MESUREUR has arranged with the authorities of St. Bartholomew's hospital to have certain ones of the pupil nurses in the Saltpêtrière school spend two months in the wards of the English hospital, and four of them are now in their second month there, very happy, and the centre of much interest.

EPITOME OF TRAINING OF NURSES

I

Application, Probation, Acceptation.

II

Recitation, Occupation, Adaptation.

III

Insinuation, Vexation, Repudiation.

IV

Examination, Vacation, Illumination.

V

Preparation, Operation, Restoration.

VI

Rumination, Graduation, Salvation.

OBSERVER.

THE VISITING NURSE DEPARTMENT



IN CHARGE OF
HARRIET FULMER

THE problem of bringing skilled nursing care to the great middle class and the wage earner of moderate means, is still ringing in our ears. We discuss the matter at every nurses' gathering, large and small, and within our own ranks it is still unsettled. I believe firmly that the matter will be adjusted when visiting nurse organizations can be induced to create a separate pay department (perhaps self-supporting), just as hospitals have pay beds to meet the needs of small wage earners. While the average visiting nurse organization is maintained as a charity, I think it is a great mistake to dwell on this phase of the work and thus deprive many a worthy case of skilled care, because they can pay something, and yet are not willing to become an object of charity. If the nurse were employed as a regular member of the association, she could be required to have the same standard, and be directly under the control of the association. She would receive the regular salary the year round, and the patrons would be under financial obligation to the association only. Most visiting nurse associations have a high standard for their workers, so that the chance of the working man getting inferior service from a cheap nurse supplied by a general registry would be obviated. Many a good nurse cannot take the cases in the homes of these working people for a reduced rate, because she cannot afford to do it. With an assured salary this objection is overcome and the middle-class family gets the skilled care it requires, just as the destitute poor man's family is receiving it to-day from these same organizations.

Boards of directors and nurses promoting visiting nurse work would do well to consider the nursing of the middle classes as one of their chief duties and obligations, just as hospital boards provide for the maintenance of beds where people may pay within their means, the income from these beds often being far below the actual cost of maintenance.

At the Conference of Visiting Nurses in Chicago in April last year, the adoption of a common seal or emblem for all visiting nurse organizations was discussed. The Cleveland organization submitted several designs at that time, one of which seemed to embody the real purpose and future of the work, and after giving every society the opportunity through

the *AMERICAN JOURNAL OF NURSING* of offering suggestions and designs, it has finally been decided by common consent of several larger organizations to adopt a common emblem giving every organization a right to use it, by paying the cost of the die. The design decided upon is the one submitted by the Cleveland association, this association being generous enough to donate \$500, the price of the design, then charging each society wishing to use it \$50, the actual cost for making the die, which will bear the name of the local society paying for this privilege. There is no doubt that the near future will see a National Visiting Nurse Society formed and the design will then be used as its national emblem. It is very important that the Cleveland committee know at once how many dies to order; therefore every organization is urged to communicate with the editor of this department at once regarding this matter. A picture and description of the design will be sent on application.

THE JUBILEE CONGRESS OF DISTRICT NURSING

THE work of district nursing originated in Liverpool. It was commenced by the late Mr. William Rathbone, Mr. Charles Langton and others, in 1859, and has since spread throughout the United Kingdom, and to many other countries. In commemoration of the jubilee of this important event, it is intended to hold a congress in Liverpool, to which will be invited delegates from all district nursing associations throughout Great Britain, Ireland, the Continent of Europe, the United States of America, and the Colonies; also representatives of medical authorities and of hospitals, with others interested in social work among the poor.

The congress will meet in Liverpool, England, on the 12th, 13th, and 14th of May, under the special patronage of Her Majesty Queen Alexandra. A provisional schedule of arrangements follows.

May 12. 3-5 P.M. Opening of the congress; reception at the Town Hall by the Lord Mayor. 8 P.M. Inaugural public meeting.

May 13. 10 A.M. to 3.30 P.M. Subjects: History of District Nursing in England and Other Countries; Importance of District Nursing as a Factor in Social Work; Maternity Work in Connection with District Nursing; Co-operation with Boards of Guardians, Charity Organizations, etc.

May 14. Morning: School Nursing in Connection with District Work. The District Nurses, Training, Inspection, etc. Future Developments and Valedictory. Afternoon: Reception on board an Atlantic liner.

Several nurses from America are going over and any visiting nurses wishing to go in a special party will please communicate with Miss Fulmer.

The rapid growth of district or visiting nursing work in the United States is very strikingly shown by the figures contained in Miss Waters's forthcoming book; in June, 1905, there were 171 visiting nurse associations and 446 nurses; in December, 1908, 448 associations and 1256 nurses. In 1905, 34 new associations were formed; in 1906, 43; in 1907, 51, and in 1908, 100. Miss Waters's book will also give a full account of all the social service work of nurses and the auspices under which it is being done.

The Antituberculosis Society of Houghton, Michigan, is in need of a visiting nurse with social training and ability to organize the work. A good salary will be paid to a competent person.

"ALL children put under probation by court order should be given (they now are in Chicago) a thorough medical examination, and it should be a part of the duty of the officer in co-operation with parents, visiting nurses, hospitals, and sometimes the best specialists in the city, to see that all physical defects are treated. The number of delinquent children who need medical care is abnormally high, and the probation officer who fails to get medical advice about the children in her care fails to do what she should do for the child."—HENRY W. THURSTON, in *Charities*.

THE Commissioner of Indian Affairs writes, of tuberculosis among Indians, in *The Native American*, as follows:

"The office is confronted by the urgent necessity of doing more than has ever been done before in the way of protecting the Indians against the ravages of the disease, not only for their own sakes, but because the infected Indian community becomes a peril to every white community near it. It is, of course, almost hopeless to try to change the ways of the old-fashioned Indians past a certain point. What can be done in that line will probably be done through the work of the agency and school physicians, who several months ago were constituted health officers with large authority to direct and control the sanitary conditions on their respective reservations. For the younger generation, and for such members of the older generations as may, here and there, be disposed to take advantage of them, I have established and am continually authorizing the establishment of sanitarium camps, where the inmates can fairly live in the open air, be constantly under the eye of the physician, have their diet, clothing, etc., carefully regulated, and be subject to the most stringent regulations as to those matters which make for cleanliness of the person and surroundings, and affect the spread of infection."

LETTERS TO THE EDITOR



[The Editor is not responsible for opinions expressed in this Department.]

PROXY VOTES FOR PERMANENT MEMBERS

DEAR EDITOR: I would like to have the opinion of some of the permanent members of the Nurses' Associated Alumnae of the United States, as to the advisability of petitioning the association to allow permanent members to send their votes by proxy to the annual meetings, as it is impossible for many of them to attend every year, in order to be able to use their votes, as is now required. Many of us sacrificed a great deal to attend three consecutive meetings, in order to become permanent members and have permanent votes. I have heard many expressions of opinion on this subject, from those I am associated with, and other nurses, but wish to hear from nurses in other states.

Yours very truly,

Philadelphia.

N. F. W. CROSSLAND.

POSTGRADUATE WORK

I

DEAR EDITOR: It is generally conceded that postgraduate study of some form is absolutely essential to the proper maintenance of a high degree of professional efficiency. The facilities afforded in this country for satisfactory postgraduate work are not what they should be. Too often the postgraduate course is simply a means of securing unsalaried labor from graduate nurses. Little opportunity for study is given, and the nurse is simply continuing the same work she did as an under-graduate. She undoubtedly takes in some new ideas, but she would advance just as much if she were employed in a hospital where there was no training school at all, or in private work where she is left to her own responsibilities. In a great many cases, postgraduate work is disappointing.

A postgraduate course for which a nurse pays a regular tuition fee, as a physician does, and which gives an opportunity to specialize along some line if she so desires, has long been needed. Nurses will be just as willing to pay tuition fees for such advantages as physicians are if they have the opportunity to do so.

What is greatly needed is a general school to which graduate nurses could go for a term of perhaps three to six months—a school in which a nurse will not be required to go through the same routine that she did in her training—a school that will not require her to work to the point of physical exhaustion so that mental effort is impossible; in short, a school that exists primarily to advance the interests of the nursing profession, one that will regard its pupils as students and keep that point in the foreground all the time.

I have had some little experience in postgraduate work and it was simply a repetition of what I had previously. Having finished my course in a small but very good hospital, I decided to take a postgraduate course in a large hospital. I asked for surgical work, although I had had a very good surgical training. I thought it would benefit me a great deal to take the course in a

large hospital. To my disappointment I was given work in the postoperative ward, instead of dressing or operating room, the same work that I did before graduating. I also wanted theoretical work, but as there were no classes for the graduates, I attended the junior class lectures, if I made arrangements with the head nurse to have my hours "off duty" at that time. The lectures were very good, but it was only a repetition for me instead of an advancement.

After that I took charge of the surgical work in another hospital for several months, from which I not only derived great benefit, as getting new ideas in surgical work, etc., but also received my salary every month. I would have felt well repaid for the time spent there without any remuneration whatever. I sincerely hope the time is not far distant when all training schools will be up to the standard and a general postgraduate school will exist which will be a blessing to all nurses and to the community at large.

E. F. R.

[To take a position as graduate head nurse in a good hospital is one of the best ways of getting postgraduate work.—ED.]

II

DEAR EDITOR: The article in the January issue of THE AMERICAN JOURNAL OF NURSING by Miss Goodrich on "Postgraduate Work in Bellevue and Allied Hospitals" has greatly interested me.

It is my desire to take a postgraduate course somewhere, but I wish to avoid repeating an experience of a few years ago when, endeavoring to find a good course in contagious diseases, after writing to various hospitals, I entered one which was advertising such a course. According to its curriculum it gave lectures and instruction bearing upon the work.

To my horror I found that the ward maid went about in a woollen dress skirt! In an anteroom to the diphtheria pavilion was a closet in which gowns and hoods were kept for both doctors and nurses, all mixed in together. The doctors put the gowns on when entering the pavilion and the nurses put on gowns when going out of the pavilion. A rather remarkable method for a present-day hospital to use in dealing with germs, was it not?

Carbolic acid was supplied only in solution, being mixed (as I understood) by the supervisor of nurses in her office. One day our bottle, which had been taken out to be filled, was returned to us with carbolic globules floating about in the solution!

This is but a portion of what might be said concerning what was seen in a two weeks' stay at a *postgraduate* hospital for the two contagious diseases, scarlet fever and diphtheria. I might add that I heard no lectures.

H. M. C.

BETTER INSTRUCTION NEEDED

DEAR EDITOR: Having recently been, myself, a patient in a hospital that is a training school, I had to blush once more for a mistake I have heard from pupils and even graduates, of more than one school. It appears that many a nurse is not taught that *enemata* is always and only a word of plural meaning, exactly equivalent to *enemas*, the first being a Greek, the second an English form. For the credit of our profession nurses should learn better than to speak of "a nutrient enemata." Whether it be given for cleansing, for nourishment, or for any other purpose, the enema is still an enema, and the plural form

enemata is as applicable to one sort of enema as to another, and not, as some nurses seem to think, merely to the nutrient.

Furthermore, I heard a nurse speak of "catherizing a patient!"

I must confess that these indications of poor intellectual training make me feel ashamed. Every nurse among us should take pride in using correctly the technical words that belong to our work. If we are careless we bring upon our whole profession the reproach of unintelligence. X.

REGISTRATION OF CERTIFICATES

DEAR EDITOR: I would like to ask through the JOURNAL why we registered nurses are expected and requested to record our certificates every three years, or, indeed, why once is not sufficient. The doctors register but once.

Before we were given the right to register we were told that "nurses might have a professional degree given by the state as well as doctors;" now many of us are wondering why we must, unlike them, periodically record our certificates. Other legal documents do not require to be so dealt with—why these? Besides it is most inconvenient to attend to this at the time required, if one is out of town. An explanation will be appreciated.

E. L. P.

[The provision in the New York law requiring registration of certificates every three years was inserted in the original bill on the recommendation of a number of prominent officials of the New York Medical Society as a safeguard against theft, or the appropriation of registration certificates after death, as has been known to frequently occur in the medical profession. It is supposed to give the nurses greater protection than the doctors have.—Ed.]

MISSIONS TO LEPERS

DEAR EDITOR: The JOURNAL of February has just come to me, out on a case in the country, and I noticed among other things the request for information about missions to lepers, where they are located, and if nurses are employed in the care of such patients. Allow me for to-day to give you the following brief information.

The Moravian Church has, for more than forty years, carried on the work of caring for lepers in Jerusalem, and since the early eighties nursing sisters of the Moravian Deaconess' Home of Neisky, Germany, have been employed in the care of these patients. At present, four sisters, with an adequate staff of helpers, are taking care of from fifty to sixty of the poorest of the poor at the hospital "Jesus Hilfe," Jerusalem. At "Bethesda," Paramaribo, Surinam, four other sisters of the same institution are taking care of the same class of patients; this work is of more recent date.

In Central Africa, the Moravian Church has occasion to care for lepers, although here there is not yet a regularly established hospital for them.

In Western Himalaya, in connection with the regular hospital work at Leh, Ladakh, these patients come under their care, and I, myself, as missionary nurse have taken care of several, while engaged in the work out there. The state hospital for lepers of Kashmir is under the supervision of the well-known Doctors A. and E. Neve, medical missionaries at Srinigar, and though here no actual trained European nurses are employed, their influence is made to bear upon the whole institution.

There is one large hospital colony for lepers in the south of India, at Puriella, under the care of the Gosner Mission. It has a European doctor at its head, but I do not think he has any European assistants in the nursing staff. There are other similar missionary institutions in India, but I cannot give full information about them.

If the above information will help to make the noble work which has been carried on by the different missionary societies more widely known, I shall indeed be pleased. May it also put into the hearts of many a desire to support the work by earnest prayer and contributions, which are always greatly needed to successfully carry on the work.

L. S.

[This letter came to the editorial office in a roundabout way, which has made it impossible to communicate with the writer and obtain a correct reading of some of the proper names about which there is doubt. The information is too interesting to omit on this account. The nurse who made the inquiry for information about work among the lepers wished, we think, to find a place where a nurse might offer herself for such work, so we specially desire information of a place where nurses are needed to help care for lepers.—Ed.]

DISPOSAL OF REFUSE

DEAR EDITOR: I am beginning to be puzzled as to how nurses are to dispose of soiled dressings in apartments, where, during the summer, there is no fire in the basement, and none but gas stoves in the apartments. Will nurses who have solved the problem kindly help out those who have not.

E. L. P.

TREATMENT OF FLAT-FOOT.—Schanz calls attention to the fact, which has been generally overlooked hitherto, that the arch of the foot is a transverse as well as a longitudinal arch. The transverse mechanism may be out of gear without disturbance of the longitudinal, or both may be involved. This is the explanation of the persistence of symptoms after correction of flat-foot: the transverse arch has not been corrected with the longitudinal. The disturbances in the transverse arch are experienced in the front part of the foot, and it spreads out abnormally wide; between the ball of the big toe and the ball of the little toe the distance is over a quarter of an inch wider than in the other foot. By strapping the foot with adhesive plaster to bend it into proper shape to restore the transverse arch, all disturbances vanish. He prefers for the purpose a strip of cotton flannel and Finck's glue. This makes a plaster that fits better and is more easily removed. The glue is made of 7 parts Venice turpentine, 6 parts mastic, 12 parts colophony, 4 parts white resin, and 90 parts 90 per cent. alcohol, mixed and filtered. A thin layer of this mucilage is spread over the foot, and the fuzzy side of the cotton flannel adheres firmly to it. He regards this combination of glue and cotton flannel as a marked advance in the technic of such dressings. He also gives an illustrated description of a durable leather device to wear to sustain both the longitudinal and the transverse arch.—*Journal American Medical Association*.

NURSING NEWS AND ANNOUNCEMENTS



NATIONAL

THE National conventions are scheduled as follows: the Superintendents' Society, St. Paul, June 7 and 8; the Federation, Minneapolis, June 9; the Associated Alumnae, the First Baptist Church, Minneapolis, June 10 and 11.

Delegates to Nurses' Associated Alumnae may go direct to Minneapolis even though they may be planning to take in all the meetings of the week, as there is excellent street car service between St. Paul and Minneapolis. Cars run every seven minutes, three car lines, one hour's ride between cities.

Governor John A. Johnson will welcome all the delegates and others in attendance.

A reception will be tendered the nurses at the Capitol at St. Paul.

Following the Thursday afternoon session the nurses will be taken in automobiles to Minnehaha Falls for their evening luncheon.

ANNOUNCEMENT.—Alumnae county and state associations affiliated with the Nurses Associated Alumnae are requested to send their delegates to the annual convention prepared to discuss the question of reorganization and changes in the by-laws, or the possibility of transacting our business through the American Federation of Nurses, in which we are already associated with the Superintendents' Society.

ANNIE DAMER, President.

SECRETARIES OF ALL AFFILIATED SOCIETIES are requested to send names and addresses of delegates who will represent their associations at the Associated Alumnae meeting in June. If there has been a change in the name or address of secretary which has not been reported, it should be sent in promptly, otherwise important communications may go astray.

193 Frederick Street, Detroit.

SARAH E. SLY, Secretary.

TO THE STATE SOCIETIES.—All reports pertaining to state work will be condensed and incorporated in the inter-state secretary's report for the Minneapolis meeting. Will state secretaries send brief reports of work accomplished since the San Francisco meeting, not later than April 15, to

193 Frederick Street, Detroit.

SARAH E. SLY, Secretary.

RATES TO MINNEAPOLIS

	Erie, Lehigh Valley or D. & L. R. R.	N. Y. Central or Pennsylvania R. R.
New York to Minneapolis, round trip.....	\$50.80	\$53.80
Boston to Minneapolis, round trip.....	56.40	
Philadelphia to Minneapolis, round trip...	50.40	52.30
Washington to Minneapolis, round trip....	48.80	

Pullman rates: to Minneapolis from Boston, \$7.50; from New York, \$7.00; from Philadelphia and Washington, \$6.50.

Louisville and Cincinnati to Minneapolis, \$14.00 one way, 24-hour trip, not summer rates. Pullman tickets, \$2.00; chairs, \$1.00.

Rates from Chicago, each way, \$8.00; Buffalo, first class, \$20.00, second class, \$18.50; Detroit, \$13.50; Cleveland, \$14.74.

The Santa Fe Road has announced a rate of \$73.50 for the round trip from San Francisco to Minneapolis, tickets to be purchased between May 16 and June 4. A round trip rate of \$50.00 from Seattle to Minneapolis on account of the Alaska-Yukon Exposition can be obtained. If the boats on the lakes are running, depending on the advance of the season, railroad tickets are honored on the boats between Buffalo and Chicago or Duluth. Berths are \$6.00 for an inside state-room, \$10.50 for a whole state-room. Outside rooms and berths are a little higher, meals are a la carte.

Special cars will be run to Minneapolis from New York, Louisville, and San Francisco or Seattle, for the benefit of eastern, southern and western nurses, if a sufficient number, twenty-five for each party, indicate their wish to make the trip together. All such should communicate with the following, giving names and addresses: east, Mrs. C. V. Twiss (address given below); south, Annie E. Rece, Norton Infirmary, Louisville, Ky.; west, Linna G. Richardson, Third and Montgomery Streets, Portland, Oregon.

Additional information will be published in the May JOURNAL and delegates are requested to note any changes that may arise. All inquiries should be addressed to the chairman of the Transportation Committee.

419 West 144th Street, New York City.

Mrs. C. V. TWISS.

ACCOMMODATIONS

ST. PAUL HEADQUARTERS for Society of Superintendents of Training Schools will be the Hotel Ryan. Rates, European plan, medium sized rooms, without bath, one person, \$1.50 per day; two in room, \$1.00 per day each; with bath and connecting rooms, two in a room and bed, \$1.50 per day each; for one person, \$2.50.

Larger rooms, which will accommodate from four to six persons in a room, without bath, \$1.00 per day each; with bath, \$1.50 per day each. Also rooms from \$2.50 to \$5.00 per day.

Frederic Hotel. Rates, from \$1.00 to \$2.50 per day; with bath, \$2.00 to \$2.50.

Merchants' Hotel. Rates, \$1.00 to \$1.50 per day, without bath; \$1.50 to \$2.50 per day, with bath.

Minneapolis headquarters of Nurses' Associated Alumnae and Federation, West Hotel, Minneapolis, Minn. Rates, European plan, single rooms, \$1.50 per day and upward; with bath, \$2.00 per day and upward.

One room with double bed to accommodate two persons, \$1.00 per day and upward; with private bath in connection, \$1.50 per day and upward.

Plaza Hotel. Single room, with bath, \$3.00 per day. One room with two double beds to accommodate four people, one bath, \$1.50 per day. Meals: breakfast, 75 cents; lunch, 75 cents; dinner, \$1.00. The Plaza Hotel is out of the centre of the city a little, and more quiet.

For further information regarding hotel rates and accommodations write Dr. Marion A. Mead, 1502 3rd Avenue So., Minneapolis, Minn.

ASSOCIATED ALUMNÆ TICKET

THE ticket for officers for the Associated Alumnae to be presented at Minneapolis is as follows, the names appearing in the order of nominations received:

President: Isabel McIsaac, graduate Illinois Training School, has held the following positions: president International Congress held at Buffalo; president Superintendents' Society; president AMERICAN JOURNAL OF NURSING COMPANY; superintendent Illinois Training School; author of "A New Cranford," "Primary Nursing Technic," "Hygiene for Nurses." Second nomination to be made from the floor.

First vice-president: Geneveive Cooke, a California woman, graduate Woman's Hospital, San Francisco; editor *Nurses' Journal of the Pacific Coast*; secretary California State Nurses' Association. Edith P. Rommel, R.N., a private duty nurse, president Minnesota Board of Nurse Examiners; president Hennepin County Graduate Nurses' Association.

Second vice-president: Mrs. Alex. R. Colvin, graduate Johns Hopkins Hospital; president Minnesota State Nurses' Association; editor *The Courant*. Mrs. M. Moyer, graduate of the Medico-Chirurgical Hospital, Philadelphia; business manager of the *Pennsylvania Quarterly*; active in Pennsylvania state work.

Secretary: Agnes G. Deans, registrar Detroit central directory; acting secretary Associated Alumnae; treasurer Michigan State Nurses' Association; former assistant superintendent Harper Hospital. Ida Giles, graduate of the Pittsburgh Homœopathic Hospital; former superintendent McKinley Hospital, Trenton; former superintendent Pittsburgh Homœopathic Hospital; ex-president Superintendents' Society; ex-secretary Pennsylvania State Association; ex-president Pittsburgh Homœopathic Alumnae and of the Allegheny County Society; chairman Legislative Committee Pennsylvania State Association; engaged in teaching massage in Pittsburgh.

Treasurer: Anna Davids, R.N., graduate Long Island College Hospital; superintendent of nurses Charleston General Hospital, Charleston, West Virginia; treasurer Associated Alumnae; former president New York State Nurses' Association. Mrs. Frederick Tice, graduate Illinois Training School; former president Illinois Training School Alumnae Association; active in Illinois state work.

Directors: Annie Damer, R.N., graduate Bellevue Hospital; president Associated Alumnae; president New York Board of Nurse Examiners; president AMERICAN JOURNAL OF NURSING COMPANY; former president New York State Association; former president Bellevue Alumnae Association. Mrs. C. V. Twiss, R.N., graduate New York Hospital and president of the alumnae association. Lilla F. Pickhardt, graduate Illinois Training School and president of the alumnae association; superintendent Augustana Hospital, Chicago; former superintendent City and County Hospital Training School, St. Paul. Katharine DeWitt, R.N., graduate Illinois Training School; former president Illinois Training School Alumnae Association; ex-secretary Associated Alumnae; associate editor AMERICAN JOURNAL OF NURSING. Mrs. Hunter Robb, graduate of Bellevue Hospital; former superintendent Illinois Training School; former superintendent Johns Hopkins School for Nurses; former president Associated Alumnae; president Superintendents' Society; author of "Nursing, Its Principles and Practice," "Nursing Ethics." Dr. Helen Parker Criswell, graduate Children's Hospital, San Francisco; former president California State Nurses' Association.

DISPOSAL OF TUBERCULOSIS CONGRESS FUND

It will be remembered that last fall, upon Dr. Fulton's advice, the committee in charge of the nurses' special session at the tuberculosis congress called for contributions from the various associations and from individuals, as it was for a time the intention to prepare a special exhibit.

The nurses responded generously, contributing, in all, some six hundred and fifty odd dollars, in which we include individual gifts. As the special exhibit was, after all, not arranged, and as the expenses for the congress were so enormous that every aid was needed, these funds were drawn upon, for secretarial and current expenses connected with the nurses' session.

After all was done, quite a nice little sum was left as surplus, and the committee thought it proper to ask the different societies what disposition they desired to have made of the funds. As by now all answers that are coming are probably in, the committee has finally settled up the details, a meeting having been held at Teachers' College on March 8, at which Miss Goodrich, Miss Nutting, Miss Hitchcock, Miss Boyd, Miss McKechnie, Miss Maxwell, and Miss Dock were present.

All the letters were read, and it was found that one contributor asked to have her contribution returned, while others suggested different purposes to which theirs should be applied. Among these purposes were the work of the Red Cross, the Endowment Fund and Current Expense Fund at Teachers' College, the JOURNAL Purchase Fund, and a scholarship for a nurse to prepare for special work in tuberculosis.

As this last object seemed especially appropriate, it was decided to devote to this all such gifts as had been left to the judgment of the committee, and those regarding which no answer at all had come in. The proportional share of each contribution will be deducted to cover the expenses, and the remainder will be given to the different objects specified, each receiving a small sum, and the remainder, which will be about three hundred dollars, will be used to fit a nurse for special work in tuberculosis. A small committee was formed to work out this plan, Miss Goodrich, chairman; and Miss McKechnie, the secretary. They will, as soon as possible, present the plans and requirements decided on to best carry out the work undertaken.

L. L. Dock.

REPORT OF THE NURSES' COMMITTEE FOR TUBERCULOSIS EXHIBIT

CONTRIBUTIONS received: \$100.00, Mrs. Florence Pullman Lowden; \$50.00 each, Illinois State Association, San Francisco County Association, Elizabeth Corder; \$25.00 each, California State Association, Maryland State Association, Iowa State Association, Alameda County Association, Graduate Nurses' Association of Cincinnati, Graduate Nurses' Association of Dayton and Vicinity, Eudora Hull Spalding, Anna J. Lea; \$20.00, North Carolina State Association; \$10.00 each, Oregon State Association, New Jersey State Association, Nebraska State Association, Indiana State Association, New Hampshire State Association, Los Angeles County Association, Akron City Hospital Alumnae, Graduate Nurses' Association of Seattle, Graduate Nurses' Association of Columbus, Hope Hospital, Harriet Fulmer, Lystra H. Gretter; \$7.00, Milwaukee County Hospital; \$5.00 each, Graduate Nurses' Association of Cleveland, St. Joseph's Hospital, Paterson, Elizabeth Gilman, L. L. Dock, Louise Powell, Mrs. J. C. Mullen, Sarah H.

Cabaniss, Mr. August Sonneborn; \$3.00, New York State Association; \$2.00 each, Ohio State Association, Blessing Hospital, Quincy, Miss Stuble; \$1.00 each, Nyack Hospital, Mercy Hospital, Mary Carey, J. Kendall, Emma Holmes, Jessie Kendall, Misses Graham, Anderson, Stewart, Karmeknecht, Krier. Total, \$657.00.

M. A. NUTTING,

Chairman of Nurses' Committee, Tuberculosis Congress.

MAINE

Portland.—THE MAINE GENERAL HOSPITAL TRAINING SCHOOL ALUMNÆ ASSOCIATION held its annual meeting at the nurses' home in November. The following officers for the year were elected: president, Sara Lyons; vice-president, Annie Morrill; secretary, Mrs. C. H. Chase; assistant secretary, Hattie Hohenfeld; treasurer, Maria M. Irish. The club agreed to devote one evening to woman's suffrage, and Maria M. Irish was appointed to have charge of the evening. She secured as speaker Miss Ann Burgess, who gave a very interesting talk to those who were fortunate enough to be present. As a club, the members are not suffragists, though they are not opposed to it. The registry under the care of the association, Edith Soule, manager, has a membership of seventy-nine. There have been 605 nurses sent out on cases during the past year.

EDITH SOULE, who has been in charge of district nursing, has resigned to accept a position as matron of the Children's Hospital, which has recently been opened at 91 Danfurt Street. S. Maude Sibly succeeded Miss Soule as district nurse, and at the January meeting read a very interesting paper on her work and the methods employed.

MASSACHUSETTS

Boston.—THE MASSACHUSETTS GENERAL HOSPITAL TRAINING SCHOOL report gives the total number of pupils in training as 137. In addition to the superintendent and her three assistants, the school employs regularly twenty graduate head nurses. The school continues its connection with Simmons College, but has, by mutual agreement, discontinued its relations with the McLean Hospital. Miss Dolliver reports that the demand for graduates to fill positions grows steadily and is far greater than can be met.

RHODE ISLAND

Providence.—THE RHODE ISLAND HOSPITAL NURSES' ALUMNÆ ASSOCIATION held a regular meeting at the nurses' home on February 17, at which business was transacted, followed by a social hour.

CONNECTICUT

Hartford.—THE ST. FRANCIS HOSPITAL ALUMNÆ ASSOCIATION, at its semi-annual meeting held at the hospital, received nine new members and discussed the constitution. The class of 1909 entertained the alumnae with a musical and whist.

NEW YORK

STATE EXAMINATION.—At the eleventh nurses' examination, held on February 2, 3, and 4, there were 237 applicants, who replied to the following questions:

Anatomy and Physiology.—1. Give the composition of bone. 2. Give the names of six bones of the body and tell where each is situated. 3. Name the two kinds of muscles and give examples of each. 4. What is the diaphragm and where is it situated? 5. Describe the course of the blood through the heart. 6.

What are the functions of the nerves? 7. In what part of the alimentary canal are fats digested and what ferment acts on them? 8. What functions are performed by the skin? 9. Where and how does the blood obtain oxygen? 10. To what is the acidity of the gastric juice due? 11. Give the specific gravity, reaction and normal quantity of urine excreted in twenty-four hours. 12. Give a brief description of the brain. 13. Describe the structure of a nerve. 14. Define secretion, excretion. 15. Define osmosis.

Medical Nursing.—1. Describe a method of intestinal irrigation. 2. Mention nursing precautions to prevent the spread of meningitis. 3. If you were without medical advice how would you nourish a patient with paralysis of the throat? 4. Describe in detail a method of irrigating the bladder with boric acid solution. 5. What care should be given the plumbing and bath room used in a case of typhoid fever? 6. How may garbage from the room of a scarlet fever patient be hygienically disposed of? 7. Describe, as to location and ventilation, the room that you would prefer for a case of contagious disease. 8. Describe, as to plumbing and furnishing, the room referred to in question 7. 9. State a sanitary method of caring for soiled linen used in the sick room. 10. What unhygienic condition of the sick room may cause headache and restlessness? 11. What is the generally accepted diet in fever cases? 12. Outline the nursing care in a case of severe hemorrhage from the stomach. 13. What method should be used to administer nourishment in a case of hemorrhage from the stomach? 14. Describe lavage. 15. Describe gavage.

Genito-Urinary Nursing (for Male Nurses).—1. Describe different varieties of catheters, (a) as regards material, (b) as regards shape. 2. Give a detailed description of the application of fomentations to the scrotum for swollen testicles. 3. What accidents may occur from forcibly passing the catheter? 4. Define hydrocele. 5. Give the general symptoms of orchitis. 6. What is the spermatic cord? 7. Define varicocele. 8. Give the after-care of a case of phimosis. 9. Describe irrigation in cystitis. 10. Mention precautions to be used in the care of a case of gonorrheal urethritis. 11. Describe the preparation of a patient for removal of vesical calculus. 12. Define chancre. 13. What emergency care should be given a case of hemorrhoidal hemorrhage? 14. What is the difference between suppression of urine and retention of urine? 15. What measures may be used by the nurse for relief of suppression of urine?

Nursing of Children.—1. State the proper nursing care of a case of purulent ophthalmia. 2. How should heat be applied to diseased eyes? How should cold be applied? 3. How should the upper lid be everted? the lower lid? What should be the position of the nurse when making applications to diseased eyes? 4. Give method of holding a fractious child for treatment of nose and throat. 5. Describe the proper care of feeding bottles and rubber nipples. 6. How large a nutritive enema should be given to a child about three years old? 7. What complications should be guarded against in nursing a case of scarlet fever? 8. Describe the necessary preparations for giving diphtheria antitoxin. 9. What special points should be observed in nursing a child with diphtheria? 10. Describe the nursing care of a child with pneumonia. 11. Describe briefly the position in which a child can best be fed while the intubation tube is in place. 12. What special care is required in nursing a tracheotomy case? 13. What personal precautions should be observed by the nurse while irrigating the throat of a diphtheria patient? 14. Give (a) the best method of taking the temperature

of a child, (b) the best time for taking a child's pulse. 15. What treatment may the nurse give for constipation in a child?

Obstetric Nursing (for Female Nurses).—1. With what parts of the woman's person has the obstetric nurse to do? 2. What is the bony pelvis? Of what does it consist? 3. What special organs does the pelvis contain? 4. Describe the placenta and the means by which the foetus receives oxygen, nourishment, etc. 5. How would you sterilize dressings, sheets, etc., in a private house? 6. How should the bed be prepared in an emergency in a private house where a rubber sheet had been provided? What could be substituted for the rubber sheet? 7. If a bassinet or crib were not at hand in an emergency, what could the nurse use in its place for the newborn? 8. How should soiled dressings, the placenta, etc., be cared for and disposed of in a private house? 9. How should the soiled napkins of an infant be cared for to prevent odor? 10. Of what use is a flannel band on the newborn? How long is it generally kept on? What is substituted for it? 11. What care should the nurse give her own person before going on an obstetric case? 12. Of what use in private nursing are clean newspapers? 13. Is there any difference in the care of private and hospital cases? If so, mention in what particular. 14. Why is the newborn put to the breast soon after birth when milk is not secreted till the third day? 15. What is colostrum and what is its function?

Surgery.—1. Give directions for making normal salt solution in a private house. 2. Define traumatic, hemorrhage, extravasation, crepitus, ankylosis. 3. Give the constitutional symptoms of severe concealed or internal hemorrhage. 4. Tell how to remove a plaster bandage. 5. Describe the Trendelenburg position. 6. Give a method of sterilizing and of preparing rubber gloves that are to be used when dry. 7. What instruments and appliances are required for abdominal aspiration? 8. Describe the preparation of the patient for abdominal aspiration. 9. Describe the care the nurse should give a patient who is under the influence of a general anæsthetic. 10. Name *four* materials used for ligatures. 11. What articles should be ready for the anæsthetist when chloroform is to be given? 12. Describe the fumigation of a room of 1000 cubic feet of air space, preparatory to operating in it. 13. Tell how to prepare the field for an abdominal operation. 14. State the character of *each* of the following wounds: contused, incised, punctured. 15. Name the *five* forms of application of the roller bandage on which the construction of the greater number of the special bandages is based.

Bacteriology.—1. To what are infectious or contagious diseases due? 2. Describe the method of reproduction of bacteria. 3. In what forms may heat be applied to render articles sterile? 4. For what will Lister be remembered? 5. On what science are all measures for the prevention of communicable diseases based? 6. What are bacteria? 7. Name *five* communicable diseases. 8. What is meant by modifying milk? 9. State the chief causes of tuberculosis. Describe isolation and disinfection in contagious diseases under the following heads: 10. The patient. 11. The nurse. 12. The physician. 13. Excreta. 14. Sputum cups, nasal discharges. 15. Dishes used by patient.

Diet Cooking.—1. What is meant by predigested food? 2. What effect on the system has hot water when taken internally? 3. What effect has sterilization on milk? 4. What is condensed milk? State its value as a food. 5. How is lime-water made? 6. What is farinaceous diet? 7. What are the most important food products derived from the vegetable kingdom? 8. State the effect

of coffee on the system. 9. What are concentrated foods? State their chief use. 10. State the food value of green vegetables. 11. What are the diet requirements in anemia? 12. Mention some factors, apart from proper diet, that specially affect the digestion. 13. Name some diseases that may be caused by the following errors in diet: (a) insufficient food, (b) overeating, (c) lack of fresh food, (d) improperly balanced diet. 14. What are the reasons for limiting the diet of a young child to certain foods? 15. What changes in diet should be made in advanced years? Why?

Materia Medica.—1. Define (a) medicine in its broadest sense, (b) drug. 2. To avoid mistakes what rule should the nurse observe when pouring and giving medicines? 3. What may be done to lessen the unpleasant taste of disagreeable medicines, as in some solutions, oils, etc.? 4. Write in English the meaning of each of the following: Div. in p. aeq., alt. noc. n., garg., fiat. 5. What is the generally accepted rule for calculating dosage for children under twelve years of age? 6. If ordered to give tincture of ferric chloride t. i. d., at what time would you give it and how? What is the adult dose? 7. Name the preparations of iron, other than tincture of ferric chloride, that are commonly used in medicine. 8. What is the physiologic action of iron? 9. How would you prepare a saturated solution of boric acid from the crystals? What is the per cent. of the saturated solution? 10. How would you prepare sodium chloride for a sterile solution? 11. If ordered to apply tincture of iodine to the skin how would you make the application? What part of the day would be preferable for it? If smarting were intense how would you relieve the pain? 12. Name five different kinds of enemata and state the purpose for which each is used. 13. How would you prepare Oj of carbolic acid solution, strength 5 per cent., from the crystals? 14. Name an antidote for each of the following poisons: (a) silver nitrate, (b) strychnine, (c) phosphorus, (d) arsenic. 15. Define suppository.

Practical Examination.—Group I. 1. Give patient a mustard foot-bath, patient sitting in chair. Points: temperature of water, length of time, amount of mustard, adjustment of blankets. 2. Demonstration of application of fomentations to the eyes; of cold compresses to the same. 3. Bandage the arm, taking in hand and elbow. 4. Prepare bed for slush bath with patient in it. 5. Make and apply flax-seed poultice to calf of leg.

Group II. 1. Place arm in position and apply bandage for fracture of clavicle. 2. Demonstration of devices for increasing bodily comfort of patient. Points: arrangement of bed, pillows, bed-cradles, rubber-rings, elevation of limbs, etc. 3. *Oral.* Preparation of patient for labor. 4. Fill and place hot-water bottle for abdominal pain. 5. Strap patient's side (over gauze to prevent adhesions), or *oral*.

Group III. 1. Prepare bed for patient with heart disease and general dropsy. 2. Place patient in proper position for abdominal flushing or rectal irrigation and arrange bed for same. 3. Demonstrate preparation for rubber gloves for using dry. 4. Illustrate what a nurse should do promptly in case of (a) hæmoptysis, (b) gas asphyxiation (omitting medication). 5. Make one quart of carbolic acid solution 1-80 using stock solution of 1-20.

Group IV. 1. *Oral.* Baths: temperature of cold, cool, tepid, warm, hot. 2. Demonstration of application of stupes without patient. 3. Bandage ankle. 4. Make out temperature charts and bedside notes for twenty-four hours in second week of typhoid fever. 5. Make an ether bed.

Group V. 1. Demonstrate method of putting on obstetric binder. 2. *Oral.* State nurse's duty as to care of patient's body after death. 3. Preparation of room for a labor case. *Oral.* 4. Arrange bed to prevent patient from slipping to foot. 5. Make a bed with patient in it, turning mattress and changing sheets.

NEW YORK STATE COMMISSION IN LUNACY

THE TWENTIETH ANNUAL REPORT transmitted to the Legislature on February 19, shows that the number of insane in the state, September 30, 1908, was 14,636 men, 15,820 women, total 30,456. The net increase for the year in all institutions was 1363. The number discharged during the year as recovered was 1622, and as improved 1096. Great efforts are being made in connection with the work of the after-care committees to restore as many insane persons as possible to a self-supporting or partially self-supporting condition. A request is made for increased compensation for nurses and attendants, a discrimination being made in favor of those nurses who have in their care the more difficult and dangerous cases. Hereafter attendants who strike or abuse patients are to be prosecuted by the Commission in Lunacy on a charge of assault.

New York.—A CONFERENCE OF NURSES is to be held in this city under the auspices of the New York State Branch of the American Red Cross, beginning April 13. The first lecture will be given at 4 p.m., in the Astor gallery of the Waldorf, by Major Lynch, of the United States Army, on military nursing service. It is hoped that Mr. Ernest P. Bicknell, National Director of the Red Cross, will return from Italy in time to be present at this meeting and to tell the nurses something of his experience in the earthquake district. Two lectures will be given at the Presbyterian Hospital, probably on succeeding evenings, closing the week with an excursion to Governor's Island, where Captain Siler will give a demonstration of a field camp for the benefit of the nurses. While these lectures are given especially for the enrolled Red Cross nurses, a most cordial invitation is extended to all graduates to be present. Further notice of meetings will be given in the daily press and through nurses' societies.

Any inquiries should be addressed to Jane A. Delano, Secretary Committee on Nursing Service, Red Cross office, 500 Fifth Avenue, New York.

AT THE NURSES' SETTLEMENT, during the past year, a large part of Miss Wald's time and energy has been given, as usual, to civic and national movements related to health and social advance, of which the National Child Labor Committee is the most prominent; and Miss Hitchcock continues to direct the nursing, with Miss Collins and Miss Hillard as assistants. The special extension of work has been in obstetrics. There has been a nurse in the down-town district for some time who devoted herself to this specialty, and within the year two more have been added, one of whom is in the Hudson Guild, and the other, a colored nurse from the Freedman's Hospital, is in residence at the Stillman Branch on the west upper side. A fourth obstetrical nurse is to be added to the house on East 79th Street in April, and there are increasing demands for another in the Bronx district, where, under the direction of Miss Chichester, the work is developing in a most gratifying manner. The Settlement Farm, under the management of Miss Damer, is the home of a steadily increasing number of orphans with a predisposition to tuberculosis, but who are not affected; and it is safe to say that now they never will be, as they are to grow up in the country under the best of conditions. The Settlement has acquired a fifth house on

Henry Street, which has allowed the enlargement of the gymnasium and has given new club-rooms and quarters for men residents, of whom there are now four, one being the secretary of the National Parks and Playgrounds Association. Quite an important and very interesting milk business has been developed by Miss Hillard, the milk being sent daily as a contribution to the house from the Chilton Farms. It is so remarkably pure that, whereas the standard for certified milk is 35,000 bacteria per c.c., and the Boston standard for milk on public sale is 500,000, while ordinary milk sold in New York groceries has anywhere from one to twenty million bacteria per c.c., this milk when tested at the farms is practically pure, having an average count of 900 odd, its lowest figure standing at 640 and its highest at 1800 per c.c. On reaching the Settlement it is bottled, thus acquiring a count of 17,000 per c.c. It is sold to the patients for 8 cents a quart, and the sale amounts to from 75 to 90 quarts per day, the families being responsible for sending for it. Quantities are sold to charitable societies, hospitals, and some is given away. The number of patients cared for during the year was 5769. This number stands for individual persons, and not for recalls from the same patient. Nursing visits made were 54,851; friendly and advisory, 7018. The First Aid Room made 11,465 dressings. The largest number of calls came, as usual, from the people themselves—2436; next came physicians' calls, 2305; then charitable organizations, 1028. The entire nursing staff, in town and country, numbers thirty nurses, of whom twenty-eight are out in districts, two in country places, and four in administration. This does not include Miss Frank, who is in residence but engaged as social secretary by the Loeb Convalescent Home, or Miss Dock, who is also resident. The nurses who are engaged in social service, of whom there are now twenty working in connection with the different hospitals, have formed an association in furtherance of their work.

IN A SERIES OF LECTURES, given on Monday evenings during February and March, in the great hall of Cooper Union, William J. Gies, professor of biological chemistry in Columbia University, has interested large audiences. The biological and chemical qualities of foods; digestion from general standpoints, digestion in the mouth, in the stomach, and in the intestines; the utilization, by the body, of the products of digestion; bacteria and their influence in health and disease; digestion and nutrition, as modified by special influences, and in disease, were the topics treated. These lectures have been illustrated with stereopticon views and Toetrope figures, and accompanied by various digestive and chemical demonstrations.

THE LARGE LECTURE ROOM of the "P. & S.," 437 West Fifty-ninth Street, has been well filled on Mondays and Wednesdays during the past month, when Drs. Simon Flexner, Thomas Darlington, Walter Bensel, Eugene H. Porter, L. Emmett Holt, Hermann M. Biggs, John J. Cronin, William Hallock Park, and Walter Wyman have delivered their instructive and interesting lectures. The lecturers for April are: Drs. Theobald Smith, Luther Halsey Gulick, Richard Clarke Cabot, Frederick Peterson, Mr. Hoffman, Mr. Homer Folks, and two other lecturers, not yet announced. While these lectures are valuable for any thinking person, they are especially so for the nurses living among the conditions dealt with by these gentlemen, each one of whom is a specialist along the lines of his subject, and it is a matter for regret that more nurses do not attend the lectures; they are given at five o'clock, a convenient hour for the private duty nurse.

PUBLIC CLINIC.—The Roosevelt Hospital continues its practice of holding operations on Saturday afternoon at half after three, and giving the public the privilege of attending, at an hour easily arranged for by the private duty nurse. These would serve as a valuable object lesson in technic and operating-room procedure generally.

THE NEW YORK POLYCLINIC HOSPITAL Ladies' Auxiliary took the responsibility of the sale of seats at the Madison Square Garden Theatre for one night, recently, and netted thereby sixteen hundred dollars. The hospital has had a gift of \$100,000 during the month. The name of the donor is withheld for the present.

THE HAHNEMANN HOSPITAL TRUSTEES recently issued to the alumnae association of the training school a certificate of endowment, and at the same time instructed the superintendent of the hospital to have a tablet, announcing the endowment and date thereof, placed in the hall of the hospital. The trustees gave the members of the alumnae the privilege of selecting the room to be endowed; the one decided upon is a large cheerful room with a fire-place and having windows which overlook the green of Normal College and its ivy-clad walls. Miss Swords, a friend of the alumnae association, will furnish the room. Everything is to be the very best of the sort obtainable. Great credit is due the members of the alumnae, who have in a short time raised the \$5000 for the endowment.

THE PRESBYTERIAN HOSPITAL has secured a site for its new buildings on land bounded by 67th and 68th Streets, the East River and Avenue A. It is proposed to begin building in May, 1910, and eventually to transfer the whole hospital to the new site, selling the old buildings.

THE MILLS MAGAZINE is a monthly issued by the Mills Training School, which is the department of Bellevue devoted to the training of male nurses. The magazine gives notes of the school and of the graduates, and short articles.

THE NEW NURSES' RESIDENCE in connection with Bellevue Hospital being completed, the school will be enlarged, and a number of postgraduate courses added, among them experience in medical nursing and the nursing of infants and children.

Brooklyn.—**THE BROOKLYN HOSPITAL TRAINING SCHOOL ALUMNÆ** held an adjourned meeting on March 2, and elected the following officers: president, Mrs. E. Ward, R.N.; vice-presidents, Lena Coleman, R.N., Florence Alexander, R.N.; recording secretary, Mrs. Alice de Zouche, R.N.; corresponding secretary, Elizabeth Kerr, R.N.; treasurer, Mary Exton Holt, R.N. (the three last re-elected); director, Mrs. Edmond Kelly, R.N.

THE METHODIST EPISCOPAL HOSPITAL ALUMNÆ ASSOCIATION, at its October meeting, had an interesting talk on the Red Cross by Mrs. Stevenson, graduate of the New York City Training School, in which was shown the desirability of affiliating with that association, either as an association or individually. At the December meeting, Miss Copeland, a graduate of the school, spoke on the Emmanuel Movement. Miss Copeland has taken the course of lectures under Dr. Worcester, in Boston. Miss Dock was announced to speak on the woman's franchise, but through a misunderstanding about dates did not appear. It is hoped she may be heard later.

THE BROOKLYN HOMŒOPATHIC HOSPITAL ALUMNÆ ASSOCIATION held a social meeting on February 19 at the home of Mrs. William Carson, which was greatly enjoyed. On March 5, a business meeting was held with eight members present.

THE LIST OF THE KINGS COUNTY ALUMNÆ OFFICERS which appeared in the January JOURNAL, should have included the address of the secretary, Mary O'Donnell, Kings County Hospital, Brooklyn.

THE METHODIST EPISCOPAL HOSPITAL ALUMNÆ have established a registry, to be known as the Seney Registry, with Mrs. Alberta Ross Hinrichsen, R.N., as registrar. It is proving a great help and convenience to nurses, doctors, and the public.

Staten Island.—THE S. R. SMITH INFIRMARY has issued its forty-fourth annual report, an unusual and valuable feature of which is a condensed history of the hospital, arranged chronologically, in brief paragraphs.

Yonkers.—ANNIE M. MOORE, R.N., class of 1900, St. Luke's Hospital Training School, New York City, has resigned her position as superintendent of St. John's Riverside Hospital, to take a much needed rest. Miss Moore was appointed directress of nurses and assistant superintendent of the hospital shortly after graduating, and in 1906 accepted the position of superintendent, and has been most successful in her work. Ida E. Davies, R.N., class of 1904, St. John's Riverside Hospital, has resigned the position of assistant superintendent.

Saratoga Spa.—THE SARATOGA HOSPITAL ALUMNÆ ASSOCIATION held a meeting at the hospital on February 25. The constitution and by-laws were so amended as to make the meetings monthly, instead of bi-monthly. They will now fall on the last Thursday of the month. Dr. G. Scott Towne addressed the members on "The Early History of Medicine." Resolutions were adopted endorsing the bill before the Legislature which provides for a public reservation of the Saratoga Springs. A social hour closed the meeting.

Schenectady.—THE SCHENECTADY REGISTERED NURSES' CLUB has the following officers, elected last October: president, Sarah B. Palmer, R.N.; vice-president, Anna M. McGee, R.N.; secretary, Harriet Odell Rathbun, R.N.; treasurer, Emma C. Gilmour, R.N. An interesting paper on "The Training of the Nurse," by Miss Jackson, superintendent of Ellis Hospital, has been given, and Miss Carpenter, the dietitian, has been the guest of the club. On March 6, a paper on "The Aim of Our Club," by Sarah B. Palmer, R.N., was read, and a social hour was enjoyed.

Syracuse.—THE HOSPITAL OF THE GOOD SHEPHERD, in its annual report, shows the good work it is doing in extending its advantages to affiliated schools. Pupils were received during the year from the Thanksgiving Hospital, Coopers-town, for pædiatrics, 3; from Little Falls Hospital, Little Falls, for pædiatrics, 3; from the Willard State Hospital, Willard, for obstetrics, 16; from the Geneva City Hospital, Geneva, for obstetrics and pædiatrics, 2. At a meeting of the Board of Trustees in February, 1908, it was voted to change from a non-payment to a payment system. The result has been of benefit in many ways. Pupil nurses now show a personal interest in their uniforms and other supplies; are more careful of hospital supplies and property than they were under the non-payment system. The increased number of applicants may, in a measure, be due to this change.

Buffalo.—FRANCES BLACK, R.N., who has for some years been superintendent of the Buffalo Homœopathic Hospital, resigned her position on March 1, to take a needed rest.

NEW JERSEY

Newark.—THE NEW JERSEY STATE NURSES' EXECUTIVE BOARD held its regular quarterly meeting in the Public Library on March 2. Routine business was transacted and arrangements made for holding the annual meeting on Tuesday, May 4, in Newark, time and place to be announced later. This will be the first meeting since the alteration in the constitution, instituting two regular meetings in the year—the annual meeting, the first Tuesday in May; the semi-annual, the first Tuesday in December.

HELEN STEPHEN, Secretary.

Orange.—THE NURSES' SETTLEMENT has graduated its second class of nurses, the address on the occasion being given by Miss Wald on "Settlement Ideals." One of the graduates, Janet Highet, has accepted a position in the Shepard Pavilion of Memorial Hospital; she is a graduate of the New York City Hospital. The other, Mrs. Helen Lee, is a graduate of the Rhode Island Hospital, and has taken graduate work in New York at the Nursery and Children's Hospital, and at the Woman's Infirmary and Maternity Hospital. Mrs. Lee has accepted an appointment at the Nurses' Settlement, where she will develop a new branch of work, that of the special care of infants. Her duties will be to give general instructions in the care of an infant, and special instructions in artificial feeding and the preparation of modified milk. This will be done only under the directions of a physician, and the service will be for all classes, for those able to pay full prices and for those able to pay only a small price, and also for charity cases. The settlement has extended its order department and is now prepared to fill orders for surgical supplies, invalid food, etc.

PENNSYLVANIA

STATE MEETING.—The semi-annual meeting of the Graduate Nurses' Association of the State of Pennsylvania will be held at the Park Hotel, Fourth and Campbell Streets, Williamsport, April 21, 22, and 23, 1909. The opening exercises will be held at 2 P.M., Wednesday. Rooms for visitors may be reserved at the Park Hotel, \$2.00 per day, American plan; Updegraff Hotel, Fourth and Pine Streets, \$2.50, \$3.00, and \$4.00 per day, American plan. Members are urgently requested to attend these meetings.

ANNE C. NEDWILL, Secretary.

Philadelphia.—THE PENNSYLVANIA HOSPITAL TRAINING SCHOOL FOR NURSES held its graduating exercises on March 23 in the clinical amphitheatre, at 8 P.M. Dr. Francis T. Stewart delivered the address. The members of the class were: Carrie E. Wilson, Maud A. Porter, Mary E. O. Barrow, Alice H. Ralston, Sara L. Thomas, Miriam F. Ballard, Dorothy Hines, Elizabeth S. Chisholm, Florence M. Jaggard, Emily Robinson, Anita Pettit, Anna Bradshaw, Elizabeth L. Kreutziger, Lizzie V. Fuller.

DISTRICT OF COLUMBIA

Washington.—THE NURSES' EXAMINING BOARD OF THE DISTRICT OF COLUMBIA will hold examination of applicants May 3 and 4, 1909. All applications must be in before April 15. Apply to the secretary.

320 East Capitol Street.

KATHERINE DOUGLASS, Secretary.

THE WASHINGTON HOME FOR FOUNDLINGS has started a training school for infants' nurses, with an eight months' course. The first class will graduate on April 30. Miss Hazlin is head nurse, assisted by Mrs. Kilkeny (Hattie Smoots). Both are graduates of the New York State Training School for Nurses, Brooklyn.

MARYLAND

Baltimore.—THE SUPERINTENDENTS OF THE SCHOOLS FOR NURSING have organized, since Christmas, an association, the object being to establish a uniform curriculum for all the schools of the state of Maryland. A course of lectures for the first, second, and third year has already been made out, and the length of time each school can give to each subject is now being considered. It is hoped by fall to have a system worked out that all the schools will adopt. After the question of the curriculum has been settled, the plan is, by meetings, discussions, and demonstrations, to simplify many of the nursing methods now in use that seem complicated. All the schools for nurses in the registered class have a three years' course, and the larger schools are willing to open their doors to round out the training of the smaller ones. This is the direct result of state registration in Maryland.

Salisbury.—HELEN V. WISE, R.N., who has been superintendent of the Peninsula General Hospital since 1904, has presented her resignation to take effect June 1.

SOUTH CAROLINA

Charleston.—DURING THE MEETINGS OF THE TRI-STATE MEDICAL ASSOCIATION in February, at which the Doctors Mayo and other distinguished physicians were guests, a reception was given at Roper Hospital, where several of the nurses, in fresh caps and uniforms, assisted at the tea tables which were presided over by Mrs. Kolloet, and Miss Jones, superintendent of the hospital. Belle Baykin has succeeded Anna E. Kunze as supervising nurse at the Roper Hospital. Miss Kunze has accepted a position in St. Mark's Hospital, Salt Lake City, Utah.

TENNESSEE

Nashville.—THE TENNESSEE STATE NURSES' ASSOCIATION was organized on January 27; the officers elected were: president, Lena A. Warner, Memphis; vice-presidents, Mrs. Sanford Duncan and M. Barnes, Nashville; secretary, Mrs. D. T. Gould, Nashville; treasurer, M. Paulus, Knoxville. These officers were elected from the different societies throughout the state, which are known as the Graduate Nurses' Association of West Tennessee, the Graduate Nurses' Association of Middle Tennessee, and the Graduate Nurses' Association of East Tennessee. The state is divided into three sections. On February 1 a second effort was made to pass the bill, but there were so many amendments the nurses had the bill tabled, and have a few weeks left to make another effort, though the chances are not hopeful.

OHIO

Cincinnati.—THE SECOND MEETING of the Graduate Nurses' Association of the Good Samaritan Hospital, Cincinnati, was held at that institution February 22. Following a short business session, a social meeting was held and greatly enjoyed by the members present. A dainty luncheon, at which the decorations, favors, etc., were symbolic of the day, was arranged by the Sisters and served by the undergraduates.

Dayton.—THE GRADUATE NURSES' ASSOCIATION OF DAYTON AND VICINITY held its February meeting at the nurses' home of the Miami Valley Hospital. Twenty-six were present to help celebrate the fifth anniversary of the association. The president, Ella Phillips Crandall, gave a talk on "Our Profession." Some of the things the association has accomplished since its organization are: (1) The

formation of a nurses' directory; (2) support and financial aid to the Fruit and Flower Mission; (3) alliance with and contributions to the state association; (4) contribution to the State Educational Fund, \$25.00; (5) contribution to Hospital Economics Endowment, \$25.00; (6) contribution to the antituberculosis movement, \$25.00. A social hour followed adjournment. It is with sincerest regret that the association reports Miss Crandall's resignation, March 1, as superintendent of the Miami Valley Hospital, and as president of the association. Miss Bishop, of Cincinnati, fills the place vacated in the hospital, and Mary Kemp succeeds Miss Crandall as president of the association. Miss Crandall is a woman of fine character, always the moving spirit in all projects; she will be sadly missed. She will associate herself with Miss Lillian Wald in settlement work in New York City. Lillian Clayton, associated with Miss Crandall as her assistant during the seven years spent at the Miami Valley Hospital, has also resigned, and will take a course in Hospital Economics at Columbia University next fall. Miss Clayton, class of 1896, and Miss Crandall, class of 1897, are both graduates of the Philadelphia Hospital Training School for Nurses, Philadelphia.

MINNESOTA

Minneapolis.—THE CITY HOSPITAL graduated one of its largest classes, thirteen in number, on March 9. The graduates were entertained informally by the alumnae on March 5.

THE STATE UNIVERSITY HOSPITAL opened March 5, in temporary quarters at 303 Washington Avenue, S. E. The training school for nurses provides a preliminary four months' course of instruction for nurses in the laboratory and lecture rooms of the University, to be followed by a service of two years and eight months in the hospital wards. Opportunities for this dispensary attendance and out-of-door visiting nursing will be given to senior nurses. Hilma Svenson is in charge, assisted by Josephine Crosley, Lillian Bausman and Mrs. Wickins.

THE REGULAR MEETING OF THE HENNEPIN COUNTY GRADUATE NURSES' ASSOCIATION of March was made a social gathering. A profitable as well as a pleasant afternoon was spent. Sharp & Dohme, of Baltimore, presented each nurse with a box of valuable samples.

THE NORTHWESTERN HOSPITAL ALUMNAE ASSOCIATION held an unusually well attended and interesting meeting on March 2, at the home of Edith Gatzman, R.N. Bertha Merrill, R.N., was elected delegate to the Associated Alumnae convention.

MRS. BERTHA W. RODERICK, R.N., who has been connected with the Women's Work exchange of the Union Mission, has been selected to be visiting housekeeper for the committee of friendly visitors of the Associated Charities and for Pillsbury House. Mrs. Charlotte Roberts, R.N., a St. Barnabas graduate, has accepted the position of night supervisor at the City Hospital.

MICHIGAN

Grand Rapids.—ELIZABETH G. FLAWS, superintendent of Butterworth Hospital, and Mary Agnes Smith, of the Babies' Hospital, New York, sailed for Europe March 23, for a three months' trip.

ILLINOIS

THE ILLINOIS STATE BOARD OF EXAMINERS of registered nurses will hold, on May 14 and 15, an examination for nurses who apply for registration under

the second part of Section 6 of the law. "Nurses who at the time of application shall have been engaged in the actual practice of nursing for three (3) years, provided they pass an examination in practical nursing and provided they make application prior to July 1, 1910." Applications must be received by the secretary on or before April 30, 1909.

79 Dearborn St., Chicago.

B. M. HENDERSON, Secretary.

Chicago.—THERESA LEGRIS, class of 1908, Mercy Hospital, has taken the position of superintendent of nurses at St. Anthony's Hospital, Rock Island. Irene Kelly, class of 1904, has resigned her position at the Palmer Memorial Mercy Hospital, Janesville, Wisconsin, to take a needed rest.

THE SOUTH CHICAGO HOSPITAL TRAINING SCHOOL ALUMNÆ ASSOCIATION was organized on October 10, with the following officers: president, Angeline P. Smith; vice-president, Emma Balls; recording secretary, Mrs. Margaretha Aurelius; corresponding secretary, Ethel J. Barres; treasurer, Anna Duver; directors, Emelyn Palmer, Mrs. Bertha Bury, Mrs. Margaret Williams; honorary president, Sylva Bell. Monthly meetings are held on the second Wednesday evening of the month at the homes of the members, until the completion of the new hospital, when the reception rooms will be used. The association is trying to raise sufficient money to furnish a private room in the new hospital, and for this purpose will hold social meetings to which admission will be charged, the first being a card party and dance on February 2.

THE COLUMBUS HOSPITAL graduates have formed an alumnae association with the following officers: president, Laura Doherty; vice-president, Sadie Ryan; secretary, Marion Montgomery; treasurer, Josephine Butler. On January 29, an entertainment and dance was given at the Marquette Club. At the fourth anniversary of Columbus Hospital, February 26, the alumnae presented a glass instrument case for the new operating room to the hospital. Clara Cunningham, class of 1908, has been appointed superintendent of nurses, a choice which gives satisfaction to those connected with the institution.

COLORADO

Pueblo.—LINA L. ROGERS, R.N., who came to Pueblo to organize school nursing, is in love with the glorious climate, the open-handed hospitality, and broad generous swing of life in the west. The work is progressing most satisfactorily and the co-operation she has met with is thorough and effective. She reports a large percentage of defective vision, enlarged tonsils, and some granulated lids, but no skin diseases of any kind and no pediculosis. It must indeed be a paradise. It is probable that Miss Rogers will be assigned to test hearing with instruments of precision for this purpose. The plan is to have one physician in charge of each school. Her report of work for last January is: children examined, 3469; visits to homes, 91. The people are delighted with the installation of a nurse in the schools.

TEXAS

STATE MEETING.—The Graduate Nurses' Association of Texas will hold its next annual meeting at Temple, Texas, on Wednesday and Thursday, April 28 and 29.

By order of the president.

MILDRED M. McKNIGHT, Secretary-Treasurer.

WASHINGTON

THE BILL for registration of nurses became a law, on March 3, when it was signed by Governor Hay. It reads as follows:

AN ACT, relating to nurses, the registration thereof and providing penalties for violation.

Be it enacted by the Legislature of the state of Washington:

SECTION 1. That from and after the expiration of the ninety days immediately following the passage of this Act no person shall, in the state of Washington, in any manner whatsoever, represent herself to be a registered nurse, or allow herself to be so represented, unless she has been and is registered by the nurses' examining board in accordance with the provisions of this Act.

SEC. 2. That within thirty days after the taking effect of this Act, the Governor of the state of Washington shall appoint a nurses' examining board, to be composed of five graduate nurses, all of whom are eligible for registration, according to the provisions of this Act, and who have had at least three years' experience in the profession, after graduation. All appointments shall be so made that the term of one member shall expire on the thirtieth day of June of each year, and upon the expiration of the term of office of any examiner the Governor shall appoint a registered nurse to fill the vacancy. No member of said board shall enter upon the discharge of her duties until she has taken oath to faithfully and impartially perform the same; and the Governor will remove any member of said board for neglect of duty, or for any other just cause.

SEC. 3. That the nurses' examining board shall meet in the state of Washington within ninety days after their appointment and organize the board, and annually thereafter shall elect from its members a president, and a secretary-treasurer. It shall adopt such by-laws as it shall deem necessary for carrying into effect the provisions of this Act, and may amend the same from time to time at discretion of said board. The secretary shall be required to keep a record of all meetings of the board, and also a register of the names of all nurses duly registered under this Act, which register should be open to the public at all reasonable times, and to furnish a certificate of registration to all such nurses, said certificate to be renewed at end of five years upon payment of one dollar to the examining board, at least three months' notice having been given, by registered letter, of expiration of said certificate. The said board shall hold examinations at least once a year, and the notice of such examination shall be given in one daily newspaper published in three first class cities of the state of Washington, and in a nursing journal published on the Pacific Coast at least thirty days prior to said examination.

SEC. 4.—That every nurse desiring to style herself "a registered nurse" in the state of Washington shall make application to the nurses' examining board for examination for registration; such examination to consist of questions in surgical nursing, contagions, materia medica, dietetics, medical nursing, obstetrics, gynecology, anatomy, physiology and hygiene, and at the time of making such application applicant shall pay to the Treasurer of said board five dollars, no portion of said fee to be returned. Said applicant must furnish satisfactory evidence that she is over twenty years of age, of good moral character, and free from habits liable to interfere with her services as a nurse, and further, that she holds a diploma from a training school for nurses of a reputable hospital: Provided, That training school shall give not less than two years' training in a general hospital, or instruction of same kind, and, to at least the

same extent, as that given in the general hospital, all of which shall be determined by the nurses' examining board.

SEC. 5. That any person possessing the qualifications required in section four of this Act who is engaged in nursing in the state of Washington at the time of the passage of this Act or shall graduate from a reputable training school of a general hospital within three years of passage of this Act, shall be entitled to registration without examination upon payment of registration fee.

SEC. 6. That the registration of any person as a nurse in the state of Washington may be revoked and the certificate of such person cancelled if it should be found to have been obtained by fraud, or if she be found guilty by the nurses' examining board of any act derogatory to the standing and morals of the profession of nursing. But before any certificate shall be revoked the holder thereof shall be entitled to thirty days' notice of the charges against her, and after a full and fair hearing the certificate can be revoked by a majority vote of the whole board.

SEC. 7. That all expenses incident to the execution of the provisions of this Act shall be paid from the fees collected from applicants for registration as nurses, and if any balance remains on hand on the thirtieth day of June of any year the Secretary-Treasurer of the nurses' examining board shall receive of such balance not less than fifty dollars—the full amount to be determined by the board—and each other member of said board shall receive five dollars and expenses for each day actually spent in the discharge of official duties. All money shall be paid to the Secretary-Treasurer of the board and shall be paid out under the orders of the board.

SEC. 8. That any person who shall violate any of the provisions of this Act shall be guilty of a misdemeanor.

SEC. 9. That the nurses' examining board shall have power to register, in like manner, without examination, any person who has been registered as a graduate nurse in another state or territory under laws which in the opinion of said board maintain a standard substantially equivalent to that provided for by this Act.

SEC. 10. That nothing in this Act shall be construed to prevent any person from nursing any other person in the state of Washington either gratuitously or for hire, provided that such person so nursing shall not represent herself as being a registered nurse. Nothing in this Act shall be construed as authorizing any person to practice medicine or surgery or midwifery in said state.

SEC. 11. That the word "she" and the derivatives thereof wherever they occur in this Act, shall be construed so as to include the word "he" and derivatives.

Seattle.—THE SEATTLE GENERAL HOSPITAL, after years of effort under very discouraging conditions, has at last been able to make provision for a building for a nurses' home, with such comforts and conveniences as are usual. There will be some rooms to rent to graduate nurses or to those visiting the city.

CALIFORNIA

San Francisco.—THE CITY AND COUNTY HOSPITAL, which is being rebuilt on its old site, is to be known as the San Francisco Hospital. The beautiful new buildings are of fire-proof construction; the hospital will accommodate over five hundred beds, and the nurses' home will hold one hundred and twenty nurses.

CANADA

MARY A. WALSH, R.N., class of 1896, Columbia and Children's Hospital, Washington, D. C., is holding the position of superintendent of nurses at the new training school of the Hotel Dieu of St. Joseph, Windsor, Ontario.

BIRTHS

ON March 10, to Mr. and Mrs. John Wineberg, a son. Mrs. Wineberg is a graduate of Mercy Hospital, Chicago.

At Fort Wayne, Indiana, a daughter to Dr. and Mrs. J. M. Pulliam. Mrs. Pulliam was Mary Lee, class of 1901, Indianapolis City Hospital.

ON January 27, at Brooklyn, N. Y., to Dr. and Mrs. C. S. Stone, a son. Mrs. Stone was Miss Bailey, class of 1907, Methodist Episcopal Hospital, Brooklyn.

At Philadelphia, Pa., to Mr. and Mrs. Harry L. Trucksess, a son. Mrs. Trucksess was Alice E. Swab, class of 1906, Methodist Episcopal Hospital, Philadelphia.

MARRIAGES

ON January 20, Elizabeth Benesh, a graduate of Mercy Hospital, Chicago, to F. A. Kratzer. Mr. and Mrs. Kratzer will live in Memphis, Tennessee.

ON February 17, at Amesbury, Mass., Mary Alice Morrill, class of 1904, Massachusetts State Hospital, to Orion Vassar Wells, M.D., of Westford.

ON February 18, in St. Andrew's Church, Rochester, N. Y., M. Maude Wilson, R.N., class of 1899, Rochester Homeopathic Hospital, to John H. Barks, of Caledonia, N. Y.

ON February 25, at Portland, Oregon, Josephine M. Gerin, class of 1903, Indianapolis City Hospital, to Daniel Wayne Cameron. Mr. and Mrs. Cameron will live at The Morton, Portland, Oregon.

DEATHS

ON February 28, at the Massachusetts General Hospital, Mrs. George A. Childs, of Haverhill, Mass. Mrs. Childs was Ella M. Blye, class of 1898, Massachusetts General Hospital.

A NOTICE has been received of the death of Alice Gill, graduate of the Woman's and Children's Hospital; the location of this hospital is not given. Her fellow alumnae express their sorrow at her death.

ON March 8, at Kansas City, Missouri, Marie Perrin Condit, wife of Ira Harrison Condit, a graduate of the Orange Training School for Nurses. Funeral services were held in Grace Church, Orange, on March 12. Large numbers of her friends and classmates attended to pay a last tribute of affection to the high regard in which she was held by all who knew her.

IN January, 1908, at the Pennsylvania Oral School, Scranton, Pennsylvania, of tubercular meningitis, Elsie Bowden, a graduate of the Melbourne Hospital, Australia. The news of Miss Bowden's death has only now reached the JOURNAL. She was a most interesting writer, having had many unusual experiences. In October, 1908, we published a paper Miss Bowden had written for the JOURNAL before her death, on contagious work, called "Unfrequented Paths"; she had promised further articles, which we hoped to receive. She had done nursing in

the Figi Islands and in Los Angeles, before taking up contagious work in New York City.

On February 23, at the German Hospital, New York City, of mastoiditis complicated by meningitis, Gustava Silcox, a graduate of the German Hospital, president of its alumnae association, and a member of the class in hospital economics at Teachers' College. Her classmates have written to her alumnae association expressing their sympathy, their own sense of loss, and their feeling that the whole nursing profession has lost a woman of high ideals with a warm interest in the education of nurses. They will, as a memorial to Miss Silcox, make a beginning of a library for the use of nurses who will be doing the work in which she was so much interested.

BOOK REVIEWS



IN CHARGE OF
M. E. CAMERON

THE PREVENTION OF BLINDNESS.

The special committee appointed last year by the New York Association for the Blind, of which the object is "to ascertain the direct causes of preventable blindness and to take such measures in co-operation with the medical profession as may lead to the elimination of such diseases," has started the publication of a series of booklets or pamphlets in the hope of disseminating preventive knowledge.

Nos. 1 and 2 are ready for distribution and may be had of Mr. George A. Hubbell, 289 Fourth Avenue, New York City.

No. 1 states the object of the committee, gives some startling statistics of the number of blind persons, and particularly the needlessly blind in the United States, and indicates very briefly where the responsibility for the continuance of preventable blindness must lie. Doctors have, it seems, done their part, and for years past the subject has been copiously written on, and the following extract summarizes the present situation of affairs and points the way onward:

"For years there has been a movement in the medical profession for the prevention of infantile ophthalmia. This movement has been fully approved by the American Medical Association, the New York State and County Medical Societies, the New York Academy of Medicine, and by the state and city Departments of Health, as well as by leaders of the profession throughout the state and nation. Scores of addresses have been made before medical organizations on this subject. One committee after another has collected statistics. Medical literature on the subject is not wanting, and medical interest in the prevention of this form of blindness is not by any means lacking. But the knowledge which physicians have on the subject is practically unknown to the public. It is considered of great importance to extend this knowledge to the general lay public in order that parents everywhere may insist on the use of a suitable prophylactic in the eyes of the new-born, and in order that the careless members of the medical profession and midwives, ill-trained or not trained at all, may be brought to a sense of their duty." And again: "The responsibility for preventable blindness must be laid to the charge

of those who are able, or ought to be able, to prevent it, but a knowledge on the part of the public of the dangers which may threaten the eyes, the way that these may be avoided, and the necessity of early and proper care, will safe-guard many eyes that would otherwise be lost."

"The end to be accomplished is the prevention of blindness, but the steps by which this end is to be reached are neither few nor simple. Blindness must be prevented by narrowing its domain on every side. The committee appointed to have this work in charge purpose full co-operation with the medical profession and with the state and county boards of health; and they invite the hearty co-operation of all persons interested in the subject, and of all organizations working for social betterment."

Book No. 2 has for its title, "Children Who Need not Have Been Blind." It deals only with the subject of ophthalmia neonatorum, so that the appalling fact chronicled in its opening sentence, that "one-quarter of all the blind children in all the blind schools of this country are unnecessarily blind," might have been rendered even more tragical if to this percentage had been added those blinded by accident.

A feature of No. 2 is its pathetic pictures, to me far more touching than the picture of the great Spanish artist, Joaquin Sorolla y Bastida, "*Triste Herencia*" (A Sad Inheritance), which was one of the features of this great man's collection shown lately at the Spanish Society in New York. More touching because so much nearer home—these children may be of the family of my next door neighbor.

The New York Association for the Blind has many notable names on its executive committee, among others Mr. Richard Watson Gilder, Miss Helen Keller, Dr. F. Park Lewis, Dr. J. S. Billings, Dr. Nicholas Murray Butler, Mr. Samuel Langhorne Clemens, Miss Winnifred Holt, Miss Louisa Schuyler, Miss Lillian Wald, and many others.

A SHORT MANUAL FOR MONTHLY NURSES. By Charles J. Cullingworth, M.D., F.R.C.P., Consulting Obstetric Physician to St. Thomas's Hospital, London. Sixth Edition, price 60 cents. J. A. Churchill, 7 Great Marlborough St., London. P. Blakiston's Son & Co., Philadelphia.

Perhaps no man in the medical profession in England after Lord Lister and Sir Lawson Tait, is so well known in America as Dr. Cullingworth. His little manual which has reached its sixth edition is not designed as a text-book, but rather as a reference book, for that comfortable but non-professional class of women who are known as "monthly nurses," and who occupy a position quite distinct from trained graduate

nurses, on the one hand, and the certificated midwife, on the other. The language is reduced to the simplest terms and the equivalents of the weights and measures are given in household utensils, and every precaution is taken to present the principles and practice of nursing in the simplest manner possible. To its own class the little book has undoubtedly an important mission, but it is extremely unlikely that it will ever gain any great foothold in this country where the class to whom it is addressed is fast passing away before the army of graduate nurses who are yearly launched upon the public from the nurse training schools over the country. The district and settlement nurse is invariably a graduate and the comfortable old-time monthly nurse is only a memory for most of us.

NURSING: GENERAL, MEDICAL, AND SURGICAL. By Wilfred J. Hadley, M.D., F.R.C.P., F.R.C.S., Physician, Pathologist and Lecturer on Medicine to the London Hospital; Late Lecturer to the Nurses of the London Hospital Nursing School; Physician to the Chest Hospital, Victoria Park. Price \$1.50 net. P. Blakiston's Son & Co., Philadelphia. J. A. Churchill, 7 Great Marlborough St., London.

Appearing in its second edition with an appendix of sick-room cookery, a dictionary of medical terms and new and copious illustrations, this book is an excellent example of a class now fast being superseded by teaching along special lines. Belonging as it does to the older school of nursing hand-books it loses in value as it widens in its subject. Had the author specialized, say on the diseases of the respiratory tract, leaving out obstetrics and surgical nursing, these branches being but sketchily treated, the book would have gained in value what it may have lost in bulk. The chapters on general medical nursing and the nursing of fevers are much the best in the book, but even these suffer a good deal in that their conditions are localized and will not bear transplanting to another hemisphere, where climate, nationality, and race are known only by hearsay to the writer.

The chapter on diseases of the respiratory system—with secondary headings, dyspnoea, cough, expectorations, hæmoptysis, catarrh, laryngitis, bronchitis, asthma, emphysema, pneumonia, pleurisy, empyema, phthisis—with particular descriptions of the symptoms—cough, expectoration, pain, etc.—is written most happily for the enlightenment of those who lack knowledge on these lines, and one gets the impression that this is the special field of the writer.

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THE AMERICAN JOURNAL OF NURSING

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NO. 8

EDITORIAL COMMENT



THE SUFFRAGE

SOME months ago we had sent us by a nurse what we considered to be a very fine paper on Suffrage for Women. We consented to publish it, stating that we would, at the same time, find some one to give an argument on the other side. Our contributor immediately withdrew her paper, not wishing it to appear in our pages on those conditions.

The Outlook, which is one of the magazines whose policy has always been against suffrage for women, published in its issue for April 3 an argument in its favor by Mrs. Julia Ward Howe, and one in opposition by Dr. Lyman Abbott, two venerable writers who have devoted their lives to educational and philanthropic work.

By permission of the editors of *The Outlook*, and of Mrs. Howe, we are reprinting these two papers in this number of our JOURNAL, commending them to our nursing organizations and to individual readers for their thoughtful and careful study. The JOURNAL's attitude on this question remains neutral. We do not believe that a subject of this nature should be made an issue in our nursing organizations, or that our pages should be used for propaganda on either side of the question, but we do believe that it is one of the vital questions of the age in which we live, and upon which every woman should be informed and should have an opinion.

As Mrs. Howe's article appeared in *The Outlook*, one paragraph was omitted, which at her request is inserted in our pages.

THE CONSUMER'S LEAGUE

THE report of the Consumer's League of New York, published in March and obtainable at the office of the League, 105 E. Twenty-second Street, is full of material and information,—much indeed of a grievous nature, but with some gleams of hopefulness. The report of the presi-